



Company Information		Applicant/Donor Information							
Company Name:		Name:							
Report Results to:		Date of Birth: ID #:							
Address:		Email:							
		Phone:							
Phone: Fax:									
To be Completed by the Donor:									
I certify that I provided my specimen to the co information provided on this form and on the I have the same identifiers. I authorize the collect company identified on this form or its designal	abel affixed to the specimen co ction of this specimen for the pu	ntainer is corre	ct. I certify that this form a	and the sealed specimen container					
Donor's Signature:			Date:						
To be Completed by the Collector/Screening I certify that the specimen identified on this for certify that this form and the specimen cotaine levels listed below. I verify that the screening k Collector/Screener's Printed Name:	rm is the specimen presented d or have the same identifier. I hav	e performed the	e initial test using the scre	eening immunoassay at the cut-off					
Reason for Test:	Specimen Information:		On Site Test Panel:						
Random	Time of Collection:	(AM/PM)		MP/COC/THC/OPI/PCP)					
Post Accident For Cause	Specimen ID #:		Other:						
Personal Follow-Up			Lot #:						
Pre-Employment									
Other									
CHECK BOX IF LINE IS <b>MI</b> :	SSING		NON-NEGATIVE For:						
AMP - Amphetamine 50 ng/mL ME	Γ - m-Amphetamine 50 ng/mL	(Please circle re	sult)						
	- Morphine/Opiates 40 ng/mL	Additional	Notes:						
	? - Phencyclidine 10 ng/mL		- 1200						





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To be Completed by the Donor:								
I certify that I provided my specimen to the information provided on this form and on th have the same identifiers. I authorize the col company identified on this form or its design	e label affixed to the specimen c ection of this specimen for the p	ontainer is corre	ct. I certify that this form	and the sealed specimen container				
Donor's Signature:			Date:					
levels listed below. I verify that the screening Collector/Screener's Printed Name:	skit is within the expiration date Signature:	and the internal	controls are within specif	ication.  Date:				
Reason for Test:	Specimen Information:		On Site Test Panel:					
Random	Time of Collection:	(AM/PM)	[AMP/COC/THC/OPI/PCP]					
Post Accident For Cause	Specimen ID #:		☐ 10 Panel (AMP/BZO/BUP/COC/MTD					
Personal Follow-Up			MET/OPI/OXY/PCP/THC)					
Pre-Employment -			Other:					
Other								
CHECK BOX IF LINE IS I	MISSING		NON-NEGATIVE					
AMP - Amphetamine 50 ng/mL ME	T - m-Amphetamine 50 ng/mL	(Please circle result	;)	For:				
BZO - Benzodiazepines 10 ng/mL OF	I - Morphine/Opiates 40 ng/mL							
BUP - Buprenorphine 5 ng/mL OX	Y - Oxycodone 20 ng/mL	Additional N	lotes:					
COC - Cocaine 10 ng/mL PC	P - Phencyclidine 10 ng/mL							
MTD - Methadone 30 ng/ml	C - Marijuana 12 ng/ml							





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Report Results to:		Date of Birth:		ID #:			
Address:		Email:					
		Phone:					
Phone: Fax:		THORE.					
THORE.							
To be Completed by the Donor:							
I certify that I provided my specimen to the co- information provided on this form and on the have the same identifiers. I authorize the colle- company identified on this form or its designation. Donor's Signature:	label affixed to the specimen co ction of this specimen for the pu	ontainer is correc	ct. I certify that this form a	and the sealed specimen container			
borior's signature.			Date.				
To be Completed by the Collector/Screening I certify that the specimen identified on this fo certify that this form and the specimen cotaine levels listed below. I verify that the screening I Collector/Screener's Printed Name:	rm is the specimen presented c er have the same identifier. I hav	e performed the	e initial test using the scre	ening immunoassay at the cut-off			
Reason for Test:	Specimen Information:		On Site Test Panel:				
Random	Time of Collection:	(AM/PM)	5 Panel (AM	MP/COC/THC/OPI/PCP)			
Post Accident For Cause	Specimen ID #:		-	MP/BZO/BUP/COC/MTD			
Personal Follow-Up				ET/OPI/OXY/PCP/THC)			
Pre-Employment Return to Duty				MP/BAR/BZO/BUP/COC/MDMA/ TD/MET/OPI/OXY/PCP/THC]			
Other			Other:				
			Lot #:				
CHECK BOX IF LINE IS <b>M</b> I	SSING						
			NEGATIVE	NON-NEGATIVE			
AMP - Amphetamine 50 ng/mL MT	D - Methadone 30 ng/mL	(Please circle result)		For:			
BAR - Barbiturates 50 ng/mL ME	T - m-Amphetamine 50 ng/mL	Additional	Notos				
BZO - Benzodiazepines 10 ng/mL OP	- Morphine/Opiates 40 ng/mL	Additional I	Notes:				
BUP - Buprenorphine 5 ng/mL OX	Y - Oxycodone 20 ng/mL						
COC - Cocaine 10 ng/mL PCF	P - Phencyclidine 10 ng/mL						
MDMA - Ecstasy 50 ng/mL THG	C - Marijuana 12 ng/mL						





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Company Name:		Name:						
Report Results to:		Date of Birth:		ID #:				
Address:		Email:						
		Phone:						
Phone: Fax:								
Titolic.								
To be Completed by the Donor:								
I certify that I provided my specimen to the co information provided on this form and on the I have the same identifiers. I authorize the collect company identified on this form or its designation	label affixed to the specimen cor ction of this specimen for the pur	ntainer is corre	ct. I certify that this form a	nd the sealed specimen container				
Donor's Signature:	Donor's Signature: Date:							
To be Completed by the Collector/Screening I certify that the specimen identified on this for certify that this form and the specimen cotaine levels listed below. I verify that the screening kernel Collector/Screener's Printed Name:  Reason for Test:  Random Post Accident Personal Pre-Employment Other	rm is the specimen presented dir er have the same identifier. I have	performed the	e initial test using the screentrols are within specific  On Site Test Panel:  5 Panel [AN	ening immunoassay at the cut-off				
COC - Cocaine 150 ng/mL OPI  MDMA - Ecstasy 500 ng/mL OX	SSING  T - m-Amphetamine 1000 ng/mL  - Morphine/Opiates 300 ng/mL  Y - Oxycodone 100 ng/mL  P- Phencyclidine 25 ng/mL	(Please circle result)  Additional	NEGATIVE  Notes:	NON-NEGATIVE For:				





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Company Name:		Name:							
Report Results to:		Date of Birth:	ID #:						
Address:		Email:							
		Phone:							
Phone: Fax:		THORE.							
THORE.									
To be Completed by the Donor:									
I certify that I provided my specimen to the collector; and that the specimen container was sealed in my presence with a tamperevident seal, and that the information provided on this form and on the label affixed to the specimen container is correct. I certify that this form and the sealed specimen container have the same identifiers. I authorize the collection of this specimen for the purpose of a drug screen. I authorize Fastest Labs® to release the results to the company identified on this form or its designated agent.  Date:									
				-					
To be Completed by the Collector/Screening Personnel:  I certify that the specimen identified on this form is the specimen presented directly to me by the donor and that the donor had positive identification. certify that this form and the specimen cotainer have the same identifier. I have performed the initial test using the screening immunoassay at the cut-or levels listed below. I verify that the screening kit is within the expiration date and the internal controls are within specification.  Collector/Screener's  Printed Name:  Signature:  Date:									
Reason for Test:	Specimen Information:		On Site Test Panel:						
Random	Time of Collection:	(AM/PM)	5 Panel (AM	1P/COC/THC/OPI/PCP)					
Post Accident For Cause	Urine Temperature:		10 Panel (AN	MP/BZO/BAR/COC/MTD					
Personal Follow-Up	☐ In Range			T/OPI/PCP/PPX/THC)					
Pre-Employment Return to Duty	Not In Range  Direct Observation			MP/BAR/BZO/COC/MDMA/THC  ITD/MET/OPI/OXY/PCP/PPX]					
Other	Specimen ID #:		Other:	IID/MEI/OFI/OXI/FCF/FFXJ					
			Lot #:						
CHECK BOX IF LINE IS <b>MI</b>	SSING	NEGATIVE NON-NEGATIV							
AMP - Amphetamine 500 ng/mL MTI	O - Methadone 300 ng/mL	(Please circle result)		For:					
	Γ - m-Amphetamine 1000 ng/mL	i rease entre result)							
	- Morphine/Opiates 300 ng/mL	Additional	Notes:						
	Y - Oxycodone 100 ng/mL								
	- Phencyclidine 25 ng/mL								
THC - Marijuana 50 ng/mL PPX	- Propoxyphene 300 ng/mL								



## SSD16-MQL - ONLY

Company Information Applicant/Donor Information													
Company Name:			Nan	ne:									
Report Results to:			Date	e of Birth	:			IC	) #:				
Address:			Ema	ail:									
			Pho	ne:									
Phone:	Fax:												
To be Completed by the Dono	r:												
I certify that I provided my specimen to the collector; and that the specimen container was sealed in my presence with a tamperevident seal, and that the information provided on this form and on the label affixed to the specimen container is correct. I certify that this form and the sealed specimen container have the same identifiers. I authorize the collection of this specimen for the purpose of a drug screen. I authorize Fastest Labs® to release the results to the company identified on this form or its designated agent.										ntainer			
Donor's Signature:						Date	e:						
To be Completed by the Collect I certify that the specimen identity	tified on this fo	rm is the specimen present											
certify that this form and the spilevels listed below. I verify that Collector/Screener's Printed Name:							_		_	ınoassay	at the o	cut-off	
		0.9											
Reason for Test:		Specimen Information:		On Site Test Panel:									
Random	Cause	Time of Collection:	(	AM/PM)						C/OPI/P	-		
Post Accident	ow-Up	Urine Temperature:					Panei			C/OPI/P D/MDMA			
Personal Ret	urn to Duty	Not In Range				□ 12	Panel			C/OPI/P		/	
Pre-Employment	10 2 41,	Direct Observa	ation				- r di ioi			MA/MET			
Other		Specimen ID #:					ther:	,	,	,	,,-	,	
					Lot	#:							
CHECK BOX IF	LINE IS <b>MISSIN</b>	G	С	С	С	С	С	С					
									С	С	С	С	
AMP - Amphetamine 500 ng/mL	MTD - Meth	nadone 300 ng/mL	OPI	BZO	THC	MQL	PCP	TRM					
BAR - Barbiturates 200 ng/mL	MET - m-Ar	nphetamine 500 ng/mL	AMP	BAR	COC	FEN	MET	PPX	BUP	MDMA	MTD	OXY	
BZO - Benzodiazepines 200 ng/mL	OPI - Morp	hine/Opiates 300 ng/mL	7 (141)	D/ III		LEIN	INE						
BUP - Buprenorphine 10 ng/mL	OXY - Oxyo	codone 100 ng/mL	G	J	L	Z	K	В	V	Р	U	Н	
COC - Cocaine 150 ng/mL	PCP - Phen	cyclidine 25 ng/mL											
MDMA - Ecstasy 500 ng/mL	PPX - Propo	oxyphene 300 ng/mL		NICO	TI\/F				101	LNECA	TI\ /F		
FEN - Fentanyl 50 ng/mL	MQL - Met	naqualone 300 ng/mL		NEGA	IIVE				NON	I-NEGA	IIVE		
THC - Marijuana 50 ng/mL	TRM - Tram	adol 200 ng/mL (#	Please circle res	ult)			Fo	r:					
Additional Notes:													



## SSD18-ETG - ONLY

Company Information			App				Applicant/Donor Information											
Company Name:			Nan	ne:														
Report Results to:			Date of Birth: ID #:															
Address:			Email:															
Address.																		
			Pho	ne:														
Phone:	Fax:																	
To be Completed by the Dono	r•																	
I certify that I provided my specimen to the collector; and that the specimen container was sealed in my presence with a tamperevident seal, and that the information provided on this form and on the label affixed to the specimen container is correct. I certify that this form and the sealed specimen container have the same identifiers. I authorize the collection of this specimen for the purpose of a drug screen. I authorize Fastest Labs® to release the results to the company identified on this form or its designated agent.											ntainer							
Donor's Signature:						Date	e: 											
To be Completed by the Collection	ctor/Screening	Personnel:																
I certify that the specimen identified on this form is the specimen presented directly to me by the donor and that the donor had positive identification. I certify that this form and the specimen cotainer have the same identifier. I have performed the initial test using the screening immunoassay at the cut-off levels listed below. I verify that the screening kit is within the expiration date and the internal controls are within specification.  Collector/Screener's																		
Printed Name:		Signature:							Date:									
Reason for Test:		Specimen Information:			On	Site Tes	t Panel:	nel:										
Random		Time of Collection:	[AM/PM] 5 Panel [AMP/COC/THC/OPI/PCP]															
	Cause	Urine Temperature:				10 Panel [AMP/COC/THC/OPI/PCP/												
Personal	low-Up	☐ In Range						BZO/B	SAR/MDN	AA/ME	Γ)							
Pre-Employment Ret	urn to Duty	Not In Range				12	2 Panel				PCP/BZO							
Other		Direct Observatio	n					BAR/M	1TD/MDN	MA/ME	T/OXY/B	/BUP)						
		Specimen ID #:			Lot		ther:											
					Lot	#												
CLIECK DOVIE																		
CHECK BOX IF	LINE IS <b>MISSIN</b>	<b>.</b>	С	С	С	С	С	С	С	С								
AMP - Amphetamine 500 ng/mL	MTD - Meth	adone 300 ng/mL	OPI	BZO	OXY	THC	MQL	TRM	MTD	PCP	С	С						
BAR - Barbiturates 200 ng/mL		nphetamine 500 ng/mL									6-AM	ETG						
BZO - Benzodiazepines 200 ng/mL		nine/Opiates 300 ng/mL	AMP	BAR	BUP	COC	FEN	K3	MDMA	MET								
BUP - Buprenorphine 10 ng/mL	OXY - Oxyc	odone 100 ng/mL	G	J	L	Z	K	В	V	Р	U	Н						
COC - Cocaine 150 ng/mL	PCP - Pheno	cyclidine 25 ng/mL																
MDMA - Ecstasy 500 ng/mL	K3 - Spice A	kB-Pinaca 10 ng/mL																
FEN - Fentanyl 50 ng/mL	MQL - Meth	naqualone 300 ng/mL		NEGA	TIVE				NON	-NEG/	ATIVE							
THC - Marijuana 50 ng/mL	TRM - Trama	adol 200 ng/mL	a airal	(+)			Fo	or:										
6-AM - 6 Acetylmorphine 10 ng/mL	ETG - Ethyl (	(Pleas Glucuronide 500 ng/mL	e circle res	uit)														
Additional Notes:																		



## SSD18-ETG SVT - ONLY

Company Information Applicant/Donor Information														
Company Name:			Nar	me:										
Report Results to:			Dat	Date of Birth: ID #:										
Address:			Em	Email:										
			Pho	Phone:										
Phone:	Fax:			_										
Therie.	1 47.													
To be Completed by the Dono	r:													
I certify that I provided my specimen to the collector; and that the specimen container was sealed in my presence with a tamperevident seal, and that the information provided on this form and on the label affixed to the specimen container is correct. I certify that this form and the sealed specimen container have the same identifiers. I authorize the collection of this specimen for the purpose of a drug screen. I authorize Fastest Labs® to release the results to the company identified on this form or its designated agent.  Donor's Signature:  Date:														
To be Completed by the Collector I certify that the specimen iden certify that this form and the splevels listed below. I verify that Collector/Screener's Printed Name:	tified on this for ecimen cotaine	rm is the specimen prese er have the same identifie tit is within the expiration	er. I have per date and the	formed t	he initia	al test us	ing the	screenii	ng immu on.					
Printed Name:		Signature	<b>2.</b>						Date:					
Reason for Test:		Specimen Information	n:	On Site Test Panel:										
Random		Time of Collection:		(AM/PM	)				COC/THO		-			
Post Accident	Cause	Urine Temperature:				10	) Panel		COC/TH					
Personal	low-Up turn to Duty	In Range				1′	Danal		BAR/MDN		-	. /		
Pre-Employment Ret	um to buty	Not In Range				12	z Panei		COC/TH					
Other		Specimen ID #:	rvation				ther:	D/M/N	TI D/ IVIDI	VIA) IVIL	/MET/OXY/BUP]			
		оресиненты и.			Lot		, u i c i .							
CHECK BOX IF	LINE IS MISSIN	G	С	С	С	С	С	С	С	С	С			
AMP - Amphetamine 500 ng/mL	MTD - Meth	nadone 300 ng/mL	OPI	BZO	OXY	THC	MQL	TRM	MTD	PCP	ETG			
BAR - Barbiturates 200 ng/mL	MET - m-Ar	nphetamine 500 ng/mL												
BZO - Benzodiazepines 200 ng/mL	OPI - Morp	hine/Opiates 300 ng/mL	AMP	BAR	BUP	COC	FEN	K3	MDMA	MET	6-AM			
BUP - Buprenorphine 10 ng/mL	OXY - Oxyo	codone 100 ng/mL	G	J		Z	K	В	V	P	U	Н		
COC - Cocaine 150 ng/mL		cyclidine 25 ng/mL	<u> </u>	J			N .		v	Г		11		
MDMA - Ecstasy 500 ng/mL		AB-Pinaca 10 ng/mL			. = 11. /=					NIE A				
FEN - Fentanyl 50 ng/mL		naqualone 300 ng/mL		NEGA	ATIVE				NON	-NEG <i>A</i>	ATIVE			
THC - Marijuana 50 ng/mL  6-AM - 6 Acetylmorphine 10 ng/mL		adol 200 ng/mL Glucuronide 500 ng/mL	(Please circle re	sult)			Fo	r:						
574vi 57/cctyimorphiline io rig/IIIL	EIG-EMYI	Giacaroniae 500 fig/ffil	,	,										
Additional Notes:														