

Company Information Company Name: _____ Report Results to: _____ Address: _____ Phone: _____ Fax: _____	Applicant/Donor Information Name: _____ Date of Birth: _____ ID #: _____ Email: _____ Phone: _____
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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.

Donor's Signature: _____ 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. I certify that this form and the specimen container 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/Screeners
 Printed Name: _____ Signature: _____ Date: _____

Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Personal <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Other _____	Specimen Information: Time of Collection: _____ [AM/PM] Specimen ID #: _____	On Site Test Panel: <input type="checkbox"/> 5 Panel [AMP/COC/THC/OPI/PCP] <input type="checkbox"/> Other: _____ Lot #: _____
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CHECK BOX IF LINE IS MISSING

- | | |
|---|--|
| <input type="checkbox"/> AMP - Amphetamine 50 ng/mL | <input type="checkbox"/> MET - m-Amphetamine 50 ng/mL |
| <input type="checkbox"/> COC - Cocaine 10 ng/mL | <input type="checkbox"/> OPI - Morphine/Opiates 40 ng/mL |
| <input type="checkbox"/> THC - Marijuana 12 ng/mL | <input type="checkbox"/> PCP - Phencyclidine 10 ng/mL |

NEGATIVE	NON-NEGATIVE
For: _____	

(Please circle result)

Additional Notes: _____

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Collector/Screeners
Printed Name: _____ Signature: _____ Date: _____

Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Personal <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Other _____ <input type="checkbox"/> For Cause <input type="checkbox"/> Follow-Up <input type="checkbox"/> Return to Duty	Specimen Information: Time of Collection: _____ [AM/PM] Specimen ID #: _____	On Site Test Panel: <input type="checkbox"/> 5 Panel [AMP/COC/THC/OPI/PCP] <input type="checkbox"/> 10 Panel [AMP/BZO/BUP/COC/MTD MET/OPI/OXY/PCP/THC] <input type="checkbox"/> Other: _____ Lot #: _____
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CHECK BOX IF LINE IS **MISSING**

- | | |
|---|--|
| <input type="checkbox"/> AMP - Amphetamine 50 ng/mL | <input type="checkbox"/> MET - m-Amphetamine 50 ng/mL |
| <input type="checkbox"/> BZO - Benzodiazepines 10 ng/mL | <input type="checkbox"/> OPI - Morphine/Opiates 40 ng/mL |
| <input type="checkbox"/> BUP - Buprenorphine 5 ng/mL | <input type="checkbox"/> OXY - Oxycodone 20 ng/mL |
| <input type="checkbox"/> COC - Cocaine 10 ng/mL | <input type="checkbox"/> PCP - Phencyclidine 10 ng/mL |
| <input type="checkbox"/> MTD - Methadone 30 ng/mL | <input type="checkbox"/> THC - Marijuana 12 ng/mL |

NEGATIVE	NON-NEGATIVE
For: _____	

(Please circle result)

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Printed Name: _____ Signature: _____ Date: _____

Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Personal <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Other _____	Specimen Information: Time of Collection: _____ [AM/PM] Specimen ID #: _____	On Site Test Panel: <input type="checkbox"/> 5 Panel [AMP/COC/THC/OPI/PCP] <input type="checkbox"/> 10 Panel [AMP/BZO/BUP/COC/MTD MET/OPI/OXY/PCP/THC] <input type="checkbox"/> 12 Panel [AMP/BAR/BZO/BUP/COC/MDMA/ MTD/MET/OPI/OXY/PCP/THC] <input type="checkbox"/> Other: _____ Lot #: _____
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CHECK BOX IF LINE IS MISSING

- | | |
|---|--|
| <input type="checkbox"/> AMP - Amphetamine 50 ng/mL | <input type="checkbox"/> MTD - Methadone 30 ng/mL |
| <input type="checkbox"/> BAR - Barbiturates 50 ng/mL | <input type="checkbox"/> MET - m-Amphetamine 50 ng/mL |
| <input type="checkbox"/> BZO - Benzodiazepines 10 ng/mL | <input type="checkbox"/> OPI - Morphine/Opiates 40 ng/mL |
| <input type="checkbox"/> BUP - Buprenorphine 5 ng/mL | <input type="checkbox"/> OXY - Oxycodone 20 ng/mL |
| <input type="checkbox"/> COC - Cocaine 10 ng/mL | <input type="checkbox"/> PCP - Phencyclidine 10 ng/mL |
| <input type="checkbox"/> MDMA - Ecstasy 50 ng/mL | <input type="checkbox"/> THC - Marijuana 12 ng/mL |

NEGATIVE	NON-NEGATIVE
For: _____	

(Please circle result)

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Collector/Screeners
 Printed Name: _____ Signature: _____ Date: _____

Reason for Test: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Personal <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> For Cause <input type="checkbox"/> Follow-Up <input type="checkbox"/> Return to Duty </div> </div>	Specimen Information: Time of Collection: _____ [AM/PM] Urine Temperature: <input type="checkbox"/> In Range <input type="checkbox"/> Not In Range <input type="checkbox"/> Direct Observation Specimen ID #: _____	On Site Test Panel: <input type="checkbox"/> 5 Panel [AMP/COC/THC/OPI/PCP] <input type="checkbox"/> 8 Panel [AMP/COC/MDMA/THC/MET/OPI/OXY/PCP] <input type="checkbox"/> Other: _____ Lot #: _____
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CHECK BOX IF LINE IS MISSING

- | | |
|--|---|
| <input type="checkbox"/> AMP - Amphetamine 500 ng/mL | <input type="checkbox"/> MET - m-Amphetamine 1000 ng/mL |
| <input type="checkbox"/> COC - Cocaine 150 ng/mL | <input type="checkbox"/> OPI - Morphine/Opiates 300 ng/mL |
| <input type="checkbox"/> MDMA - Ecstasy 500 ng/mL | <input type="checkbox"/> OXY - Oxycodone 100 ng/mL |
| <input type="checkbox"/> THC - Marijuana 50 ng/mL | <input type="checkbox"/> PCP - Phencyclidine 25 ng/mL |

NEGATIVE	NON-NEGATIVE
For: _____	

(Please circle result)

Additional Notes: _____

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CHECK BOX IF LINE IS MISSING

- | | |
|--|---|
| <input type="checkbox"/> AMP - Amphetamine 500 ng/mL | <input type="checkbox"/> MTD - Methadone 300 ng/mL |
| <input type="checkbox"/> BAR - Barbiturates 300 ng/mL | <input type="checkbox"/> MET - m-Amphetamine 1000 ng/mL |
| <input type="checkbox"/> BZO - Benzodiazepines 300 ng/mL | <input type="checkbox"/> OPI - Morphine/Opiates 300 ng/mL |
| <input type="checkbox"/> COC - Cocaine 150 ng/mL | <input type="checkbox"/> OXY - Oxycodone 100 ng/mL |
| <input type="checkbox"/> MDMA - Ecstasy 500 ng/mL | <input type="checkbox"/> PCP - Phencyclidine 25 ng/mL |
| <input type="checkbox"/> THC - Marijuana 50 ng/mL | <input type="checkbox"/> PPX - Propoxyphene 300 ng/mL |

NEGATIVE	NON-NEGATIVE
For: _____	

(Please circle result)

Additional Notes: _____

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- | | |
|--|---|
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| <input type="checkbox"/> BZO - Benzodiazepines 200 ng/mL | <input type="checkbox"/> OPI - Morphine/Opiates 300 ng/mL |
| <input type="checkbox"/> BUP - Buprenorphine 10 ng/mL | <input type="checkbox"/> OXY - Oxycodone 100 ng/mL |
| <input type="checkbox"/> COC - Cocaine 150 ng/mL | <input type="checkbox"/> PCP - Phencyclidine 25 ng/mL |
| <input type="checkbox"/> MDMA - Ecstasy 500 ng/mL | <input type="checkbox"/> PPX - Propoxyphene 300 ng/mL |
| <input type="checkbox"/> FEN - Fentanyl 50 ng/mL | <input type="checkbox"/> MQL - Methaqualone 300 ng/mL |
| <input type="checkbox"/> THC - Marijuana 50 ng/mL | <input type="checkbox"/> TRM - Tramadol 200 ng/mL |

C	C	C	C	C	C	C	C	C	C
OPI	BZO	THC	MQL	PCP	TRM				
AMP	BAR	COC	FEN	MET	PPX	BUP	MDMA	MTD	OXY
G	J	L	Z	K	B	V	P	U	H

NEGATIVE (Please circle result)	NON-NEGATIVE For: _____
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CHECK BOX IF LINE IS **MISSING**

- | | |
|--|--|
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| <input type="checkbox"/> BUP - Buprenorphine 10 ng/mL | <input type="checkbox"/> OXY - Oxycodone 100 ng/mL |
| <input type="checkbox"/> COC - Cocaine 150 ng/mL | <input type="checkbox"/> PCP - Phencyclidine 25 ng/mL |
| <input type="checkbox"/> MDMA - Ecstasy 500 ng/mL | <input type="checkbox"/> K3 - Spice AB-Pinaca 10 ng/mL |
| <input type="checkbox"/> FEN - Fentanyl 50 ng/mL | <input type="checkbox"/> MQL - Methaqualone 300 ng/mL |
| <input type="checkbox"/> THC - Marijuana 50 ng/mL | <input type="checkbox"/> TRM - Tramadol 200 ng/mL |
| <input type="checkbox"/> 6-AM - 6 Acetyl Morphine 10 ng/mL | <input type="checkbox"/> ETG - Ethyl Glucuronide 500 ng/mL |

C	C	C	C	C	C	C	C	C	C
OPI	BZO	OXY	THC	MQL	TRM	MTD	PCP	C	C
AMP	BAR	BUP	COC	FEN	K3	MDMA	MET	6-AM	ETG
G	J	L	Z	K	B	V	P	U	H

NEGATIVE (Please circle result)	NON-NEGATIVE For: _____
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Printed Name: _____ Signature: _____ Date: _____

Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Personal <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Other _____ <input type="checkbox"/> For Cause <input type="checkbox"/> Follow-Up <input type="checkbox"/> Return to Duty	Specimen Information: Time of Collection: _____ [AM/PM] Urine Temperature: <input type="checkbox"/> In Range <input type="checkbox"/> Not In Range <input type="checkbox"/> Direct Observation Specimen ID #: _____	On Site Test Panel: <input type="checkbox"/> 5 Panel [AMP/COC/THC/OPI/PCP] <input type="checkbox"/> 10 Panel [AMP/COC/THC/OPI/PCP/BZO/BAR/MDMA/MET] <input type="checkbox"/> 12 Panel [AMP/COC/THC/OPI/PCP/BZO/BAR/MTD/MDMA/MET/OXY/BUP] <input type="checkbox"/> Other: _____ Lot #: _____
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CHECK BOX IF LINE IS **MISSING**

- | | |
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| <input type="checkbox"/> AMP - Amphetamine 500 ng/mL | <input type="checkbox"/> MTD - Methadone 300 ng/mL |
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C	C	C	C	C	C	C	C	C	C	□
OPI	BZO	OXY	THC	MQL	TRM	MTD	PCP	ETG	□	□
AMP	BAR	BUP	COC	FEN	K3	MDMA	MET	6-AM	□	□
G	J	L	Z	K	B	V	P	U	H	

NEGATIVE	NON-NEGATIVE For: _____
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(Please circle result)

Additional Notes: _____
