 **Drug Screen Result Form**

COMPANY INFORMATION:

**FAIRHAVEN DENTON SENIOR LIVING**

Address:

City:

State:

Zip:

Phone:

TO BE COMPLETED BY DONOR:

DONOR INFORMATION:

NAME:

REASON FOR TEST:

D Pre-Employment D Random

D On the Job Injury

ARRIVAL TIME: \_\_ DEPARTURE TIME: \_\_\_

I certify that the specimen provided is my own and has not been substituted or altered. I further agree and grant permission for the testing of my urine specimen for drug metabolites. I voluntarily consent to this testing.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DRUG NAME** | **DEVICE CODE** | **CUT-OFF LEVEL** | **NEGATIVE** | **POSITIVE** | **NOT TESTED** |
| COCAINE | coc | 300ng/ml | □ | □ | □ |
| MAR IJUANA | THC | 50ng/ml | □ | □ | □ |
| OPIATES | OPI | 2000ng/m | □ | □ | □ |
| ME TH-AM PHETAMINE | MET | l000ng/ml | □ | D | D |
| AMPHETAMINE | AMP | l000ng/ml | D | □ | □ |
| PROPOXYPHENE | PPX | 300ng/ml | D | □ | □ |
| BENZODIA ZEPINES | BZO | 300ng/ml | D | □ | □ |
| BARBITURATES | BAR | 300ng/ml | □ | □ | □ |
| MOMA (Ecstasy) | MOMA | 500ng/ml | □ | D | □ |
| OXYCODONE | OXY | l00ng/ml | □ | □ | □ |
| MORPHINE | MOP | 300ng/ml | D | D | □ |
| BUPRENORPHINE | BUP | l0ng/ml | D | D | □ |
| METHADONE | MTD | 300ng/ml | □ | □ | □ |
| PHENCYCLIDINE | PCP | 25ng/ml | □ | □ | □ |
| EDDP (MethadoneMetabolites) | EDDP | 300ng/ml | D | □ | □ |
| TRICYCLIC ANTIDEPRESSANTS | TCA | l,000ng/ml | □ | □ | D |

Print Donor Name Donor Signature Date TO BE COMPLETED BY SCREENING PERSONNEL:

Specimen Temperature: (90-l 00QF) In Range Other:

I certify that I collected the specimen provided by the Donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable. I have verified the donor identity by review of the donor's picture ID or by employer or test requestor verification.

Print Collector Name Collector Signature Date