

## 1. TEST INFORMATION

|                                                |                                         |                                                |
|------------------------------------------------|-----------------------------------------|------------------------------------------------|
| Organization / program<br><input type="text"/> | Donor name<br><input type="text"/>      | Donor ID<br><input type="text"/>               |
| Specimen ID<br><input type="text"/>            | Collection date<br><input type="text"/> | Collection time<br><input type="text"/>        |
| Collector name<br><input type="text"/>         | Device lot #<br><input type="text"/>    | Device expiration date<br><input type="text"/> |

Reason for test    ☐ Pre-employment    ☐ Random    ☐ Reasonable suspicion    ☐ Post-incident  
☐ Return-to-duty / follow-up    ☐ Treatment monitoring    ☐ Other:

## 2. SPECIMEN CHECKS

Temperature strip read within 4 minutes (acceptable 90–100 °F / 32–38 °C):    ☐ In range    ☐ Out of range    Reading:

Collection observed:    ☐ Yes    ☐ No

## 3. DRUG SCREENING RESULTS

| Drug name          | Abbreviation | Cutoff (ng/mL) | Negative                 | Non-negative             | Invalid                  |
|--------------------|--------------|----------------|--------------------------|--------------------------|--------------------------|
| Amphetamine        | AMP          | 1,000          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buprenorphine      | BUP          | 10             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benzodiazepines    | BZO          | 300            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine            | COC          | 300            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fentanyl           | FEN          | 1              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine    | MET          | 1,000          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methadone          | MTD          | 300            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opiates (morphine) | OPI          | 300            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone          | OXY          | 100            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana          | THC          | 50             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How to read: Negative = a line in both the control (C) and test (T) region, even if faint. Non-negative = no line in the T region. Invalid = no line in the C region.

## 4. OVERALL RESULT, FOLLOW-UP AND SIGNATURES

☐ All panels negative    ☐ Non-negative – sent for laboratory confirmation    ☐ Invalid – recollect with a new device

|                                                                                                 |                                                 |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Laboratory name (if sent)<br><input type="text"/>                                               | Date sent to laboratory<br><input type="text"/> |
| Comments (medications reported, collection notes, recollection details)<br><input type="text"/> |                                                 |

Collector signature \_\_\_\_\_ Date \_\_\_\_\_  
 I collected and tested this specimen according to the device instructions.

Donor signature \_\_\_\_\_ Date \_\_\_\_\_  
 I provided this specimen and saw the results recorded on this form.

**Preliminary screening record only.** Rapid drug tests give qualitative, preliminary results. Confirm non-negative results with a laboratory method according to your program's procedures. This is not a Federal Custody and Control Form and must not be used for DOT-regulated testing (49 CFR Part 40). A cutoff level is a detection threshold, not a measure of impairment. Follow the product insert for your device.