

1. TEST INFORMATION

Organization / program 	Donor name 	Donor ID
Specimen ID 	Collection date 	Collection time
Collector name 	Device lot # 	Device expiration date

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	☐	☐	☐
Barbiturates	BAR	300	☐	☐	☐
Buprenorphine	BUP	10	☐	☐	☐
Benzodiazepines	BZO	300	☐	☐	☐
Cocaine	COC	300	☐	☐	☐
Ecstasy (MDMA)	MDMA	500	☐	☐	☐
Methamphetamine	MET	1,000	☐	☐	☐
Methadone	MTD	300	☐	☐	☐
Opiates (morphine)	OPI	300	☐	☐	☐
Oxycodone	OXY	100	☐	☐	☐
Phencyclidine	PCP	25	☐	☐	☐
Marijuana	THC	50	☐	☐	☐

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) 	Date sent to laboratory
Comments (medications reported, collection notes, recollection details) 	

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.