

## 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                   | Abbr. | Cutoff | Neg.                     | Non-neg.                 | Inv.                     |
|-----------------------------|-------|--------|--------------------------|--------------------------|--------------------------|
| Amphetamine                 | AMP   | 1,000  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barbiturates                | BAR   | 300    | <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"/> |
| Ethyl glucuronide (alcohol) | EtG   | 300    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fentanyl                    | FEN   | 20     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ketamine                    | KET   | 1,000  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kratom                      | KRA   | 500    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Drug name          | Abbr. | Cutoff | Neg.                     | Non-neg.                 | Inv.                     |
|--------------------|-------|--------|--------------------------|--------------------------|--------------------------|
| Ecstasy (MDMA)     | MDMA  | 500    | <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"/> |
| Phencyclidine      | PCP   | 25     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana          | THC   | 50     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tramadol           | TRA   | 100    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Xylazine           | XYL   | 1,000  | <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)

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.