On-Site Health & Safety

California*Arizona*Nevada*Washington*Oregon Phone (866) 998-2750

Immediate Result Drug Screen

DATE OF TEST:	TIME:
NAME OF COMPA	NY:
EMPLOYEE NAME	:
S.S. #:	
provided on this form is	certify that I provided my specimen to the collector and that the information correct. I consent to have my specimen tested and I authorize release of the results er and / or the authorized health care professionals.
Employee Signatur	e Date
To be completed by	COLLECTOR:
Type of Test:	Urine Saliva
-	Pre-Employment Random Post-Accident Reasonable Cause Follow-Up Return to Duty Other:
Kit Exp. Date: Lot#: Extended Kit Exp.	Temperature within range: Yes (90-100*F) No Actual Temp: No Date: Lot#:
5 Panel Drug S	creen 6 Panel Drug Screen 7 Panel Drug Screen creen 10 Panel Drug Screen
<u>RESULTS:</u>	_Negative Non-Negative Sent to lab for further testing
I, the donor, observed	and agree that my specimen was used to achieve the above results.
Employee Name	Signature

I, the collector, by signing below certify that the specimen identified on this form is the specimen given to me by the donor identified above and that it has been collected in accordance with all applicable requirements.

Collector Name ______ Signature _____