



## Drug Check (5 Panel) Results Reporting Form

**Step 1:** To be completed by Collector and Donor

A. Donor Name (Print): \_\_\_\_\_ SSN: \_\_\_\_\_

**B. Reason for Test:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Pre Employment | <input type="checkbox"/> Random        | <input type="checkbox"/> Return to Duty   |
| <input type="checkbox"/> Re-Test        | <input type="checkbox"/> Post Accident | <input type="checkbox"/> Reasonable Cause |

I certify that I am about to provide my urine fluid sample to the collector. I will not adulterate my specimen in any manner, and the information provided on this form is correct. I hereby consent to this test, release and hold harmless the employer and test facility and give permission for the results of this/these test(s) to be given to my employer, prospective employer, or employer agents. Further, I certify that I will reimburse United Talent for the cost of the test should I test positive for any of the drugs listed below. Test cost shall not exceed \$35.00.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 2:** To be completed by Collector

I certify that the donor's identification has been positively verified and that the specimen identified on this/these forms is/are the specimens that the Donor provided. I certify that I have used the specimen received from the donor and that I have conducted, obtained, and recording the screening test results below.

Collector Name: \_\_\_\_\_ Collector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3:** To be completed by Testing Personnel (Includes parts A, B, & C)

**Drug Test (5 Panel) Conducted:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cannabinoids (THC) | <input type="checkbox"/> Cocaine (COC)         | <input type="checkbox"/> Opiates (OPI) |
| <input type="checkbox"/> Amphetamine (AMP)  | <input type="checkbox"/> Methamphetamine (MET) |  |

Kit Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Time: \_\_\_\_\_

A. Control Valid: Yes No

**B. Drug Check (5 Panel) Test Results:**

- |                       |                                   |                                   |                              |
|-----------------------|-----------------------------------|-----------------------------------|------------------------------|
| Amphetamine (AMP)     | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> N/A |
| Cocaine (COC)         | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> N/A |
| Opiates (OPI)         | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> N/A |
| Cannabinoids (THC)    | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> N/A |
| Methamphetamine (MET) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> N/A |

I understand the results of this drug test. Donor's Initials: \_\_\_\_\_

**Follow up Action Required (select one of the following):**

- None, this drug screen result was negative.  
 None, no additional laboratory test(s) are authorized by employer/requester.  
 Additional laboratory test specimen(s) will be collected and processed.