



Specimen ID Number _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

COLLECTION SITE / COMPANY NAME ApproXie Urgent Care

NAME ApproXie Urgent Care

ADDRESS 101 Ivory Place SUITE _____

CITY Madison STATE AL POSTAL CODE 35758

PHONE (256)325-0236 FAX (256)325-0240

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO. _____ ID VERIFIED BY: PHOTO ID EMPLOYER REP.

DONOR NAME: Last: _____ First: _____

REASON FOR TEST: Pre Employment Random Reasonable Suspicion / Cause Post Accident Return to Duty Follow Up Other

COLLECTOR NAME (PRINT) _____ Collector Phone No. (256) 325-0236
Collector Fax No. (256) 325-0240

Read specimen temperature with in (4) minut Yes, 90° - 100°F (32° - 38°C) No, record specimen temperature here _____

TO BE COMPLETED BY COLLECTOR

STEP 2: COMPLETED BY DONOR

DONOR CONSENT: I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

X _____
Signature of Donor (Print) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Daytime Phone: _____ Evening Phone: _____ Date of Birth: _____
(Mo/Day/Yr)

TO BE COMPLETED BY DONOR

STEP 3: COMPLETED BY COLLECTOR – INITIAL TEST RESULTS

<input checked="" type="checkbox"/> ON-SITE SCREENING DEVICE preliminary results (Complete for on-site device results) Lot #: _____ Exp. Date: _____ Screen performed by: X _____ Date: _____ Remarks: _____ _____ _____	SPECIMEN VALIDITY TEST RESULTS (See color chart and package insert for interpretation)		DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
	<input type="checkbox"/> Oxidant	Normal <input checked="" type="checkbox"/> Abnormal []	Amphetamine (AMP) [] [] [] Barbiturates (BAR) [] [] [] Benzodiazepines (BZO) [] [] [] Buprenorphine (BUP) [] [] [] Cocaine (COC) [] [] [] Marijuana (THC) [] [] [] Methadone (MTD) [] [] [] Methamphetamine (mAMP) [] [] [] Ecstasy (MDMA) [] [] [] Opiate (OPI/MOP) [] [] [] Oxycodone (OXY) [] [] [] Phencyclidine (PCP) [] [] []			
	<input type="checkbox"/> Specific Gravity	Normal <input checked="" type="checkbox"/> Abnormal []				
	<input type="checkbox"/> pH	Normal <input checked="" type="checkbox"/> Abnormal []				
	<input type="checkbox"/> Nitrite	Normal [] Abnormal []				
	<input type="checkbox"/> GL	Normal [] Abnormal []				
	<input type="checkbox"/> Creatinine	Normal [] Abnormal []				

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

STEP 4: COLLECTOR CERTIFICATION

COLLECTOR CERTIFICATION I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

X _____
Signature of Collector

X _____
(Print) Collector's Name (First, MI, Last)