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COMPANY USE ONLY

PRELIMINARY SCREENERS® TEST RESULT FORM

COMPANY INFORMATION

Company Name: _____
 Address: _____
 Contact Name: _____ Phone: _____ Fax: _____

DONOR INFORMATION

Donor Name: _____ SSN/ID: _____

TEST INFORMATION

Date of Collection: _____ Time of Collection: _____ AM PM
 Test Expiration Date: _____ Temperature 90-100 F (circle) YES NO
 Lot Number: _____ Remarks: _____

CERTIFICATION

I certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for the presence of drugs and/or alcohol.

Donor Signature: _____ Date: _____

I certify that I collected the specimen provided by the above donor and that it was not substituted or adulterated to the best of my knowledge.

Collector Signature: _____ Date: _____

TEST RESULTS (check appropriate box)

DRUG NAME & CUT OFF LEVEL	NEG	POS	NA	ADULTERANT	Nrm	Abnrm	NA
AMP [amphetamine - 1000 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR [barbiturates - 300 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BZD [benzodiazepines - 300 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP [buprenorphine - 10 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glutaraldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COC [cocaine - 300 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitrites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COT [cotinine - 200 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxidants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP [methamphetamine - 1000 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA [ecstasy - 500 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Pyridinium Chlorochromate)			
MTD [methadone - 300 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OPI [opiates - 2000 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OPI-300 [opiates - 300 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OXY [oxycodone - 100 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PCP [phencyclidine - 25 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PXY [propoxyphene - 300 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TCA [tricyclic antidepressants - 1000 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
THC [marijuana - 50 ng/mL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

ALCOHOL SCREEN			
ALC/01		ALC/02	
0.02%	<input type="checkbox"/>	> 0.-2%	<input type="checkbox"/>
0.04%	<input type="checkbox"/>	NEG	<input type="checkbox"/>
0.08%	<input type="checkbox"/>		
0.30%	<input type="checkbox"/>	NA	<input type="checkbox"/>

Specimen sent to lab for GC/MS confirmation (circle): YES NO

Laboratory Specimen ID No: _____