



Screening/test results of Persons being tested for Alcohol and/or Other Drugs

Donor Information

Donor Name: _____ ID No: _____

Test Information Reason for Test:

Pre Employment ☐ Random ☐ Post Accident ☐ Reasonable Suspicion ☐ Periodic ☐

Have you taken any of the following in the last 2 weeks:

Alcohol ☐ Narcotics ☐ Medication ☐ type:.....

Certification and Consent:

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. Also, I hereby give permission for the release of the results of these tests to my employer/prospective employer and/or their authorized healthcare professionals.

Donor Signature: _____

Date: _____

Test Results:

TEST	Common Names	Pos	Neg
Amphetamine (AMP)	Speed, Meth, Uppers, Ice, Obex		
Cocaine (COC)	Cocaine, Crack, Rocks		
Dagga (THC)	Dagga, Hash, Marijuana		
Methamphetamine (MET)	Tik, Ecstasy		
Morphine (MOP)	Morphine, Heroin, Opiates		
Alcohol	Wine, Beers, Spirits		

Details of testing officer:

Name: _____

Designation: _____

Signature : _____

Contact No: _____

Company Representative

Name: _____

Designation: _____

Signature : _____

Contact No: _____