

Urine Drug and Alcohol Screening Form

Test Type: Random At Request Preplacement Retest Other

Date: 7 Time Commenced: Time Finished: Interim Report: Final Report:

Donor Information and Consent

Name: _____ DOB: 1/1/77

Employee Contractor

Site: _____ Identification (Type and reference number): _____

Have you taken any prescription/non-prescription drugs in the last 2-3 weeks? Yes No Undisclosed

Drug Description: _____

I understand that my urine will be screened for the drug groups listed below and my breath tested for alcohol.

A copy of the result will be kept in my personal medical file at CS Health and the information will be entered into the CS Health database. All results and information collected will be handled in accordance with the Australian Privacy Principles.

The information and results collected from this screen will be forwarded to the nominated representative of the above company.

I consent to this drug screen and understand that any further analysis of the specimen will be attended by an AS/NZS 4308:2008 accredited pathology laboratory.

Donor Signature: _____ Date: 3/1/11

Sample Collection

Device: Lot: Expiry: Alcohol Device Number: _____

Screening Results

Breath Analysis: Site cut-off: Time: Test 1: Urine sample integrity Time: Test 2:

Drug screening results

Spec tem _____ °C	Colour: _____	Drug Group	Not detected	Further testing required
Cre: Normal: 20mg/dl <input type="checkbox"/> 50mg/dl <input type="checkbox"/> 100mg/dl <input type="checkbox"/> 200mg/dl <input type="checkbox"/>	Abnormal: <10mg/dl <input type="checkbox"/> 10mg/dl <input type="checkbox"/>	AMP		
NIT: Normal: 0 <input type="checkbox"/> 0.1-0.2 <input type="checkbox"/> 0.5-5.0 <input checked="" type="checkbox"/>	Abnormal: >15mg/dl <input type="checkbox"/>	BZO		
pH: Normal: 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/>	Abnormal: 2 <input type="checkbox"/> 3 <input type="checkbox"/> ≥10 <input type="checkbox"/>	COC		
BL: Positive: <input type="checkbox"/> Negative: <input type="checkbox"/>		MET		
SG: Normal: 1.005 <input type="checkbox"/> 1.015 <input type="checkbox"/> 1.025 <input type="checkbox"/>	Abnormal: 1000 <input type="checkbox"/> ≥1.030 <input type="checkbox"/>	OPI		
		THC		

Certification by CS Health Collector

Collector's Name: _____ Signature: _____

Sample to laboratory for further testing: Yes No Chain of custody form completed: Yes No

Client aware of referee sample held at lab for further testing: Yes N/A

Collector Comments / observations / seal number: _____

CS Health Accreditation Number: 16866 Test performed in compliance with Appendix A of AS/NZS 4308:2008