



DATE \_\_\_\_\_ **RECORD IS STRICTLY PRIVATE AND CONFIDENTIAL** \_\_\_\_\_ DAY OF WEEK \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DONOR NAME	DATE OF BIRTH	COLLECTOR NAME	
		(NCR)	TIME OF TESTING
IDENTIFIED BY <input type="checkbox"/> Passport <input type="checkbox"/> Photo License		<input type="checkbox"/> Company ID	<input type="checkbox"/> Supervisor: _____ <small>(Name of Supervisor)</small>

DEVICE USED \_\_\_\_\_ LOT NO DOA EXPIRY DATE \_\_\_\_\_

**TYPE OF TEST**

PRE EMPLOYMENT     INDUCTION     RANDOM     POST INCIDENT  
 RETURN TO WORK     FOR CAUSE     OTHER \_\_\_\_\_  
 URINE TEMPERATURE     32°     33°     34°     35°     36°     37°     38°

**DONOR DECLARATION:** Have you taken any medication in the last 72 hours?  Yes (list below)  No

Name of Medication	Amount Taken	Date Last Taken

**SCREENING RESULTS:** DONOR SAMPLE GIVEN  Yes  No

Tick Box	Drug Testing for	Neg	Non Neg	Lab Confirm	Seal No	Express Post No
	THC		<input type="checkbox"/>			
	COC		<input type="checkbox"/>			
	OPIATES		<input type="checkbox"/>			
	AMP		<input type="checkbox"/>			
<input checked="" type="checkbox"/>	MET/AMP		<input type="checkbox"/>			
	BENZO		<input type="checkbox"/>			
	ALCOHOL		<input type="checkbox"/>			

**POSITIVE ALCOHOL RESULTS:** 1<sup>st</sup> Reading: \_\_\_\_\_ % | Time: \_\_\_\_\_  
 2<sup>nd</sup> Reading: \_\_\_\_\_ % | Time: \_\_\_\_\_

Inclusive Result  Dilute Sample  Adulterated sample  Cold Sample  No Sample

**Test Consent Declaration by Donor:**

- I understand that I am required to provide a sample for the purpose of a drug screen and/or breath sample for the purpose of an alcohol test as part of the Company/Site Policy applying at the site for which testing is being conducted.
- I consent to the analysis of the specimen for drugs (and/or alcohol) using screening test and/or laboratory testing if required and I authorize the release of results to the Nominated Company Representative (NCR above) and/or the Company's Authorised Personnel.
- I certify that the specimen provided is my own and is unadulterated and has been provided by me to the collector and all the above information supplied is true and correct.

DONOR SIGNATURE \_\_\_\_\_

COLLECTOR SIGNATURE \_\_\_\_\_

