



One Stop Medical

Suite 14, The Dome
134 Victoria Street
Mackay Qld 4740
Phone: 07 4951 1411
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Drug & Alcohol Test Report & Permanent Record

Testing Company Details

Name of Donor: Applicant's Name

Date of Birth:

Sex:

Donor Photo ID:

Company: Logicamms

Test Subject Consent Details:

- I understand that I am required to pass a sample of my urine for the purpose of a Drug Screen.
- I consent to the analysis of my specimen for drugs of abuse and the release of the results of the test to the Authorised Company Representative.
- I have taken the following medication (prescription or non prescription) in the last 7 days: List Medications, Dates and Times

NIL

Test Subject Declaration: I certify that the specimen is my own and has been provided by me to the collector.

Signature of Donor:

Consent given

Date of test:

Time of test:

Type of test used: Drug Test Cup Lot# Expires

First Sign for Australia Oral Fluid Drug Screen Device # Exp

Temperature of specimen: °C

Adulteration: Normal Abnormal

Results Drug Test: **All NEG** NON NEG

THC	NON NEG	NEG	COC	NON NEG	NEG
MET	NON NEG	NEG	OPI	NON NEG	NEG
BZO	NON NEG	NEG	AMP	NON NEG	NEG

Results of Alcohol Test: 0.000 % BAC

Name of Collector:

Sarah Absolon 19259

Tester Signature