

## DRUG SCREEN POINT OF CARE TEST (POCT) RESULT FORM

**STEP 1: Donor Information**—Collector completes donor information.

Requesting Agency: \_\_\_\_\_ Donor's ID Number: \_\_\_\_\_

Donor's Last Name: \_\_\_\_\_ Donor's First Name: \_\_\_\_\_

Collection Date (MM/DD/YYYY): \_\_\_\_\_ Collection Time: \_\_\_\_\_

**STEP 2: Collector Verification**—Collector completes and validates that the specimen was collected properly.

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

Collector Name: \_\_\_\_\_ Collector Signature: \_\_\_\_\_

Request type: ☐ Pre Employment ☐ Random ☐ Reasonable Suspicion / Cause ☐ Post Accident ☐ Return to Duty ☐ Follow Up ☐ Other: \_\_\_\_\_

Specimen Temperature: \_\_\_\_\_ Comments: \_\_\_\_\_

**STEP 3: Donor Certification**—Donor completes and validates that the specimen was collected properly.

*I certify that the specimen provided is my own and was not substituted or adulterated. I freely consent to the testing of my specimen for drugs/metabolites.*

Donor Name (please print): \_\_\_\_\_ Donor Signature: \_\_\_\_\_

**STEP 4: POCT Results**—Perform test and log results. Use separate test requisition form to submit specimens to lab for testing.

**RESULT INTERPRETATION NOTE:** Refer to product insert for complete instructions, procedures, limitations, and warnings.

LOT Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Product Code: \_\_\_\_\_

Screen performed by: \_\_\_\_\_ Date: \_\_\_\_\_ (if different than collector) Remarks: \_\_\_\_\_

SPECIMEN VALIDITY TEST RESULTS		
(See color chart and package insert for interpretation)		
Oxidant	Normal	<input type="checkbox"/>
	Abnormal	<input type="checkbox"/>
	Not Tested	<input type="checkbox"/>
Specific Gravity	Normal	<input type="checkbox"/>
	Abnormal	<input type="checkbox"/>
	Not Tested	<input type="checkbox"/>
pH	Normal	<input type="checkbox"/>
	Abnormal	<input type="checkbox"/>
	Not Tested	<input type="checkbox"/>
Nitrite	Normal	<input type="checkbox"/>
	Abnormal	<input type="checkbox"/>
	Not Tested	<input type="checkbox"/>
GL	Normal	<input type="checkbox"/>
	Abnormal	<input type="checkbox"/>
	Not Tested	<input type="checkbox"/>
Creatinine	Normal	<input type="checkbox"/>
	Abnormal	<input type="checkbox"/>
	Not Tested	<input type="checkbox"/>

DRUG NAME	DRUG CODE	NEGATIVE	PRESUMPTIVE POSITIVE*	NOT TESTED
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cotinine	COT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone Metabolite	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethyl Glucuronide	ETG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	FTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	HRN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	KTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	mAMP/MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine/Opiates 300	MOP/OPI300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic Cannabinoids	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	TRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DONOR RESULTS SHOWN ON ABOVE

To copy POCT results, place form face down on photocopier or scanner. Place device with test window over clear square above.

Presumptive positive specimen sent to lab for confirmation: ☐ Yes ☐ No Date: \_\_\_\_\_

Specimen ID Number: \_\_\_\_\_ (Optional field applicable only if specimen is confirmed at the lab)

## QUESTIONS? CALL 800-255-2159 OR EMAIL SALES@REDWOODTOXICOLOGY.COM

\*All presumptive positive results should be confirmed using Gas Chromatography-Mass Spectrometry (GC-MS) or Liquid Chromatography with Mass Tandem Mass Spectrometry (LC-MS/MS) at a certified laboratory. A laboratory account is required to order laboratory test requisition forms and prior to sending presumptive positive specimens into the laboratory. To setup a laboratory account please email sales@redwoodtoxicology.com.

**PRESUMPTIVE POSITIVE RESULTS:** For laboratory confirmation testing of presumptive positive results; a laboratory test requisition form must be completed, and the sample securely sealed with specimen ID barcode seal from the test requisition form. If you do not have test requisition forms, please contact sales@redwoodtoxicology.com to obtain the proper test requisition form/ specimen ID seals and appropriate shipping supplies.

**NEGATIVE RESULTS:** If negative results are observed, photocopy or scan the device results and retain a copy for your records. The used collection container and device should be discarded according to Federal, state and local regulations.

**DISCLAIMER:** This form is provided as a convenience to our customers for their own use when using point-of-care tests. Abbott Laboratories and its affiliates are not responsible for, and hereby disclaim any liability arising from or related to, the information collected on this form or the use of this form for any purpose by any person or entity.