

TEST ORDER INFORMATION

Client: REQUEST A TEST ORAL FLUID

Donor Name:

Employee ID:

Phone #:

Account #:

Reason for test:

SPECIMEN COLLECTION INFORMATION

Collection Site:

Collector Name:

Specimen #:

Collected:

Phone #:

Site ID:

SPECIMEN TEST INFORMATION

DOT Account: NO

Received:

Reported:

Test	Screening Cutoff	Confirm Cutoff	Confirm Unit Quant	Result
Oral Fluids:				
Amphetamines	50	50	ng/mL	Negative
Barbiturates	50	50	ng/mL	Negative
Benzodiazepines	20	20	ng/mL	Negative
Cocaine	20	8	ng/mL	Negative
Ethanol	40	40	mg/dL	Negative
Marijuana Metab.	4	2	ng/mL	Negative
Methadone	10	25	ng/mL	Negative
Opiates	40	40	ng/mL	Negative
Oxycodone	40	40	ng/mL	Negative
PCP	10	10	ng/mL	Negative
Propoxyphene	40	10	ng/mL	Negative

END OF REPORT