



SalivaConfirm Drug Screen Report Form

Specimen ID _____ Collection Date _____

Company Information: (Company giving the test)

Company _____
 Address _____
 City _____ State _____ Zip _____
 Code _____ Collectors _____
 Name _____ Phone _____
 Specimen Temperature (90-100 F) Within Limits? Y / N Other _____
 Fax _____

Donor Information: (Person being tested)

Donor's Name _____
 SSN _____ ID #: _____ ID Type: _____
 Expiration #: _____
 Notes _____

Certification Information: (Signatures of both parties required)

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and/or alcohol.

 Signature Date I hereby certify that I have collected the specimen provided by the aforementioned donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.
 _____ Donor's
 _____ Collector's
 Signature Date

Initial Screen Results: (To be completed by screening personnel)

Collectors Name _____
 Phone _____ Specimen Temperature (90-100 F) Within Limits? Y / N Other _____
 Fax _____

Drug Name	Device Code	Negative	Positive	Not Tested
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (THC)	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates/Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>