

DRUG TEST RESULTS FORM

Employee Name: _____ Employee ID: _____

Employer Name: _____ Test Location: _____

Collector Name: _____ Collection Site Phone: _____

Test Details:

Test Type: _____ Specimen ID: _____

Specimen Type: _____ Collection Date: _____

Chain of Custody Number: _____

Test Results:

Drug/Class	Result	Cut-off Concentration	Comments
Amphetamines		500 ng/mL	
Cocaine Metabolite		150 ng/mL	
Marijuana (THC)		50 ng/mL	
Opiates		2000 ng/mL	
Phencyclidine (PCP)		25 ng/mL	
Benzodiazepines		300 ng/mL	
Barbiturates		200 ng/mL	
Methadone		300 ng/mL	
Propoxyphene		300 ng/mL	
MDMA (Ecstasy)		500 ng/mL	

Laboratory Certification and Comments:

The laboratory conducting the test is certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and complies with all applicable federal regulations for drug testing. All test results are subject to review and confirmation by a Medical Review Officer (MRO). Any positive or adulterated results will be reported to the employer with proper notification to the employee as required by law.

Acknowledgement and Signatures:

I acknowledge that the foregoing drug test results are accurate to the best of my knowledge and that I have had an opportunity to discuss

Employee Signature

Collector Signature

Signature: _____

Signature: _____

Date: _____

Date: _____

Confidentiality Notice:

This drug test results form and its contents are confidential and intended solely for the use of the employer and employee involved. Disclosure, distribution, or copying of this document without prior authorization is strictly prohibited and may be unlawful under applicable United States privacy and employment laws.

Legal Compliance and Governing Law:

This form and the drug testing conducted pursuant hereto comply with all applicable federal, state, and local laws and regulations, including but not limited to the U.S. Department of Transportation (DOT) regulations and the Americans with Disabilities Act (ADA). Any disputes arising from this drug test or its results shall be governed by the laws of the State in which the employer maintains its principal place of business.

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