

# DRUG SCREEN RESULTS

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ or other Identifier: \_\_\_\_\_

**NAME OF SCREEN PERFORMED**

ARUP DRUG SCREEN CUP;  Other \_\_\_\_\_

**LABORATORY OR CLINIC PERFORMING THE TEST**

Name or ID of Testing Personnel: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Ph: \_\_\_\_\_

**SPECIMEN COLLECTION**

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_

Specimen Type:  Urine;  Other \_\_\_\_\_

**SCREEN RESULTS**

Appearance of Specimen:  Normal;  Other \_\_\_\_\_

DRUG NAME	SYMBOL	NEGATIVE	POSITIVE	NOTE IF CONFIRMATION IS INDICATED
MARIJUANA	THC	<input type="checkbox"/>	<input type="checkbox"/>	
COCAINE	COC	<input type="checkbox"/>	<input type="checkbox"/>	
OPIATES	OPI300	<input type="checkbox"/>	<input type="checkbox"/>	
AMPHETAMINES	AMP	<input type="checkbox"/>	<input type="checkbox"/>	
METHAMPHETAMINE	MET	<input type="checkbox"/>	<input type="checkbox"/>	
PHENCYCLIDINE	PCP	<input type="checkbox"/>	<input type="checkbox"/>	
ECSTASY	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	
BARBITURATES	BAR	<input type="checkbox"/>	<input type="checkbox"/>	
BENZODIAZEPINES	BZO	<input type="checkbox"/>	<input type="checkbox"/>	
METHADONE	MTD	<input type="checkbox"/>	<input type="checkbox"/>	
TRICYCLIC ANTIDEPRESSANTS	TCA	<input type="checkbox"/>	<input type="checkbox"/>	
OXYCODONE	OXY	<input type="checkbox"/>	<input type="checkbox"/>	

**INTERPRETATION (concerns)**

Confirmation Testing Ordered (date/time)

Specimen Shipped (date/time)

Patient Label(s) for Confirmation Testing