



QuikTest



Instant Drug Screen Worksheet

(attach to photocopy of completed drug screen)

Date: _____

Time: _____

Donor Name: _____ Donor SS#: _____

Collector Name: _____

Tester Name: _____

Specimen Characteristics

Urine Temperature between 90°-100° F?: (Y) _____(N) _____

Adulterant Test Performed?: (Y) _____(N) _____

Specimen Collection: Split _____ Single _____

Test Results

(P=Positive, N=Negative, 0=Not Tested)

	Instant	Lab*	* to be entered if results were confirmed by a lab
(AMP) Amphetamines	_____	_____	
(BAR) Barbiturates	_____	_____	
(BZO) Benzodiazepines	_____	_____	<i>Positives Confirmed by Laboratory?</i>
(COC) Cocaine	_____	_____	
(MDMA) Ecstasy	_____	_____	Lab Name: _____
(THC) Marijuana	_____	_____	
(MTD) Methadone	_____	_____	Date Confirmed: _____
(mAMP) Methamphetamines	_____	_____	
(MOP) Opiates 300	_____	_____	MRO Name: _____
(OPI) Opiates 2000	_____	_____	
(PCP) PCP	_____	_____	
(TCA) Tricyclic	_____	_____	
(ALC) Alcohol	_____	_____	

Additional Remarks:

Tester Signature: _____ Donor Signature: _____

Instant Drug Screen Catalog #: _____ Lot#: _____ Exp. Date: _____

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