



Toxicology Clearance Form

Company Information: (Company administering the drug screen) Collection Date _____ Company
_____ Address

City _____ State _____ Zip Code _____ Collector's
Name _____ Phone
_____ Fax _____ Specimen

Temperature (90-100°F) Within Limits? Y/N Other _____ **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 _____ Donor's

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.

Signature Date _____ Collector's

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

Drug name	Device Code	Negative	Confirm	Not Tested
Amphetamine	AMP			
Barbiturates	BAR			
Benzodiazepine	BZO			
Cocaine	COC			
Methadone	MTD			
Opiates/Morphine	OPI/MOR			
Phencyclidine	PCP			

Marijuana	THC			
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Building Pathways to a Brighter Future