

10 PANEL URINE DRUG SCREEN

IN-HOUSE DRUG SCREEN RESULTS

- | | | |
|--------------------------------|-----------------------------------|-----------------------------------|
| • THC (Marijuana) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • COC (Cocaine) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • OPI (Opiates) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • MET (Methamphetamine) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • AMP (Amphetamine) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • MTD (Methadone) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • BAR (Barbiturates) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • BZO (Benzodiazepines) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • BUP (Buprenorphine) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • OXY (Oxycodone) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |

Patient/Employee Name

DOB

Date

Nurse/Collector Signature

Date

Patient/Employee Signature

Date