

Gurmu OccMed Services

500 Greenfield Ave
Hanford, Ca, 93230
T: 559-587-5587; F:559-587-5557

2500 W. Florence Ave
Los Angeles, Ca, 90043
T:323-750-2083; F: 323-753-3435

12- Panel Presumptive Drug Screen

Date: _____ Last 4 of Soc. Sec. _____ / _____ / _____

Patient Name: _____

Employer: _____ Date of Birth _____ / _____ / _____

SAMPLE INFORMATION

Reason for Screen: _____ Pre- Employment _____ Post Accident _____ Reasonable Cause
_____ Random _____ Other _____

Current Medication: Yes No (If yes, please list): _____

Time of Collection: _____: _____ AM / PM Quality Control: Yes/ No

Urine Temperature: In- Range (90 — 100) / Not in Range Remark: _____

DONOR CONSENT

I certify that I voluntarily provide my specimen to the collector this date and that the information provided on this form is correct. I hereby grant permission to the screen provider to release this result to my urine drug screen to my health care provider/ employer. In the case of screening for employment, I authorize the screen provider to release the urine screen results to my employer or prospective employer and or their authorized health care professional.

Print Donor Name: _____ Donor Signature: _____

Donor's Phone Number: (_____) _____ - _____ Date: _____

RESULTS

Screening Tech Name	Signature	Today's Date
Cocaine	Negative / Inconclusive Sent to Lab	Benzodiazepine Negative / Inconclusive Sent to Lab
Opiates	Negative / Inconclusive Sent to Lab	Barbiturates Negative / Inconclusive Sent to Lab
Methamp.	Negative / Inconclusive Sent to Lab	Methadone Negative / Inconclusive Sent to Lab
THC	Negative / Inconclusive Sent to Lab	TCA Negative / Inconclusive Sent to Lab
Amphetamines	Negative / Inconclusive Sent to Lab	Oxycodone Negative / Inconclusive Sent to Lab
PCP	Negative / Inconclusive Sent to Lab	MDMA Negative / Inconclusive Sent to Lab

Lot: _____

Exp Date: _____