

# Gurmu OccMed Services



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## 5- Panel Presumptive Drug Screen

Date: \_\_\_\_\_ Last 4 of Soc. Sec. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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### 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

Remarks: \_\_\_\_\_

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### 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: \_\_\_\_\_

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Screening Tech Name

Signature

Today's Date

### 5 Panel

Cocaine Negative / Inconclusive Sent to Lab

Opiates Negative / Inconclusive Sent to Lab

Methamp. Negative / Inconclusive Sent to Lab

THC Negative / Inconclusive Sent to Lab

Amphetamines Negative / Inconclusive Sent to Lab

Lot: \_\_\_\_\_

Exp Date: \_\_\_\_\_