

Patient ID# _____ Name of Testing Officer: _____ Date: _____

Referred By: _____ Phone: _____ Fax: _____

Employee / Patient I.D. _____ First Name: _____ Last Name: _____

Type of Identification Provided: Driver's License Employee Photo I.D. Other
 Reason for test: Pre-employment Random Reasonable Suspicion Post-incident Other

CERTIFICATION

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 alcohol.

 Donor signature Date / Time

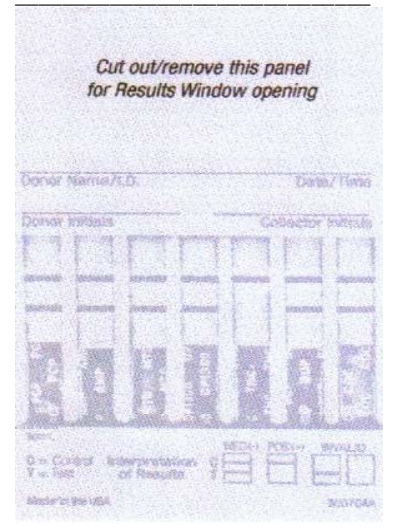
I hereby certify that I collected the specimen, in accordance with AS/NZS4308 requirements, provided by the aforementioned donor, and that it was not substituted or adulterated to the best of my knowledge.

 Testing Officer's Signature Date / Time

 Laboratory signature Date / Time Received

RESULTS: WINDOW 1

Important: Firmly tighten cup lid. Place this side of the page, and window of Side 1 of cup, face down on photocopier or scanner.



TEST RESULTS

Date/Time Collected: _____ Time Interpreted _____

Specimen Temperature: Normal: 32° to 38°C Other _____

Note: Temperature must be read within 4 mins. of collection. Non-negative results should be confirmed by laboratory GCMS.

Drug Name	Abbrev	NEG	POS	Invalid
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates 300	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates 2000	OPI2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adulterants	Norm	Abnorm
Creatinine (CR)	<input type="checkbox"/>	<input type="checkbox"/>
Nitrite (NI)	<input type="checkbox"/>	<input type="checkbox"/>
pH	<input type="checkbox"/>	<input type="checkbox"/>
Specific Gravity (SG)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	0%	0.04%
Result:	<input type="checkbox"/>	<input type="checkbox"/>
	0.08%	0.20%
Result:	<input type="checkbox"/>	<input type="checkbox"/>

For technical support or re-ordering please contact Royal Medical Supplies on 02 9939-4122 or visit www.royalmedical.com.au



Patient ID# _____ Name of Testing Officer: _____ Date: _____

Referred By: _____ Phone: _____ Fax: _____

Employee / Patient I.D. _____ First Name: _____ Last Name: _____

Type of Identification Provided: Driver's License Employee Photo I.D. Other
 Reason for test: Pre-employment Random Reasonable Suspicion Post-incident Other

CERTIFICATION

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 alcohol.

 Donor signature Date / Time

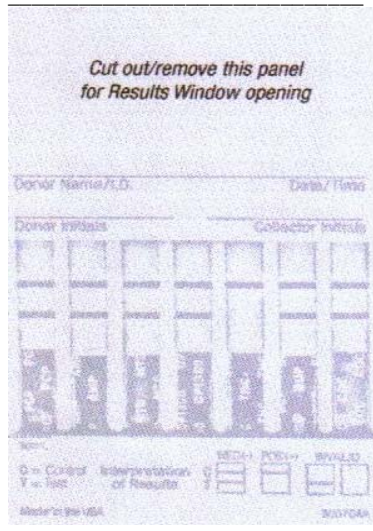
I hereby certify that I collected the specimen, in accordance with **AS/NZS4308** requirements, provided by the aforementioned donor, and that it was not substituted or adulterated to the best of my knowledge.

 Testing Officer's Signature Date / Time

 Laboratory signature Date / Time Received

RESULTS: WINDOW 2

Important: Firmly tighten cup lid. Place this side of the page, and window of Side 2 of cup, face down on photocopier or scanner.



TEST RESULTS

Date/Time Collected: _____ Time Interpreted _____

Specimen Temperature: Normal: 32° to 38°C Other _____

Note: Temperature must be read within 4 mins. of collection. Non-negative results should be confirmed by laboratory GCMS.

Drug Name	Abbrev	NEG	POS	Invalid
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methodone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates 300	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates 2000	OPI2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adulterants	Norm	Abnorm
Creatinine (CR)	<input type="checkbox"/>	<input type="checkbox"/>
Nitrite (NI)	<input type="checkbox"/>	<input type="checkbox"/>
pH	<input type="checkbox"/>	<input type="checkbox"/>
Specific Gravity (SG)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	0%	0.04%
Result:	<input type="checkbox"/>	<input type="checkbox"/>
	0.08%	0.20%
Result:	<input type="checkbox"/>	<input type="checkbox"/>

For technical support or re-ordering please contact Royal Medical Supplies on 02 9939-4122 or visit www.royalmedical.com.au

ROYAL MEDICAL