

# POC Drug / Alcohol Results

Austin Drug Test / North Lamar Chiropractic Center  
 10102 North Lamar Blvd  
 Austin, TX 78753

www.drugtestaustin.com  
 Ph: 512 / 835-1955  
 FAX: 512 / 835-4424

**I: DONOR INFORMATION: (Information about person being tested)(Información sobre la persona que es probada)**

Donor's Name /Nombre: \_\_\_\_\_ Phone/Telefono: \_\_\_\_\_

ID: TDL TID MXID: \_\_\_\_\_ SSN or ID No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
**FECHA DE NACIMIENTO:** \_\_\_\_\_

*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. Yo certifico que el specimen recibido es el mio y no ha sido substituido y alterado, acepto y doy permiso de el examen de mi specimen para drogas metabolitos y alcohol.*

**X** Signature /Firma dispensadora: \_\_\_\_\_ Date/ Fecha: \_\_\_\_\_

**II: REQUESTOR INFORMATION: (Who is requesting the test)**

Requestor: \_\_\_\_\_

Requestor: Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

- Personal  Probation/Court  CPS  Custody  Parental Request  Pre-employment  Employment  
 Promotion  Random  Periodic  Post-accident  Reasonable Suspicion  Return to Duty  Follow-Up

**III: CERTIFICATION INFORMATION: (Must be signed by collector)**

*I hereby certify that I collected the specimen provided by the aforementioned Donor and that it has not been substituted or adulterated to the best of my knowledge. The specimen appeared acceptable.*

Collector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Circle Collector Name: Claudia Lopez / Joseph H. Lones III, DC Remarks: \_\_\_\_\_

**It is recommended that any non-negative (+) drug results be confirmed using GC/MS. Alcohol may be confirmed using Evidential Breath Device, or GC/MS. Confirmatory testing is available for an additional fee.**

<u>Drug test</u>	<u>Alcohol test</u>	<u>Drug test Adulteration</u>	<u>Test Panel</u>	<u>Date/Time</u>
<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Temperature (90-100F)	<input type="checkbox"/> 5 Panel	Date: _____
<input type="checkbox"/> Saliva	<input type="checkbox"/> Saliva	<input type="checkbox"/> In range	<input type="checkbox"/> 10 Panel	
	<input type="checkbox"/> Breath	<input type="checkbox"/> Not-tested	<input type="checkbox"/> 12 Panel	Time: _____
	<input type="checkbox"/> EtG	<input type="checkbox"/> Suspected Adulterant(s)		
		<input type="checkbox"/> Dilute Sample (retest recommended)		

		Alcohol (-) (+)			
AMP (Amphetamine)	(-) (+)	BAR (Barbiturates)	(-) (+)		
COC (Cocaine)	(-) (+)	BZO (Benzodiazepines)	(-) (+)		
OPI (Opiates)	(-) (+)	MTD (Methadone)	(-) (+)		
THC (Marijuana)	(-) (+)	PPX (Propoxyphene)	(-) (+)		
PCP (Phencyclidine)	(-) (+)	OXY (Oxycodone)	(-) (+)		
mAMP (Methamphetamine)	(-) (+)	MDMA (Ecstasy)	(-) (+)		

Billing / Reporting Info: