

10 Panel Drug Test Report

Patient information	
Name	
Gender	Date of birth
Date of test	ID/employee number
Reason for test	
Test information	
Test type:	Collection method:
Date of collection:	Date received:
Test results	
Drug	Result
Amphetamines (AMP)	
Barbiturates (BAR)	
Benzodiazepines (BZO)	
Cocaine (COC)	
Marijuana (THC)	
Methadone (MTD)	
Methamphetamine (METH)	
Opiates (OPI)	
Oxycodone (OXY)	
Phencyclidine (PCP)	

Interpretation

Recommendations

Additional notes

Provider's information

Test administrator

Provider's NPI

Contact information



Name and Signature

Date