

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