

10 Panel Drug Test Report

Patient information	
Date of test:	
Name:	Date of birth:
Gender:	ID/employee number:
Clinical history	
Medical conditions (if any):	
Drug-related issues (if any):	
Past or current medications (if any):	
Reason for test	
Test information	
Test type:	Date of collection:
Collection method:	Date received:

Test results	
Drug	Result
Amphetamines (AMP)	
Cannabis (THC)	
Cocaine (COC)	
Opiates/opioids (OPI)	
Barbiturates (BAR)	
Benzodiazepines (BZO)	
Methaqualone	
Methadone (MTD)	
Phencyclidine (PCP)	
Propoxyphene	
Interpretation	
Additional notes	
Provider's information	
Test administrator's name:	
Contact information:	
Provider's NPI:	
Signature:	Date: