

Drug Test Results Form

Facility information

Date:

Test facility name:

Address:

Contact:

Employee/patient information

Name:

Date of birth:

Employee/patient ID:

Contact number:

Testing details

Type of test:

Collection date and time:

Collection site:

Testing method:

Drug panel

Substance	Result	Cutoff level

Comments and notes

Certification

I, the undersigned, certify that the above information is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation may result in appropriate actions as per the organization's policies.

Name and signature: _____ 

Date: _____