Hair Follicle Drug Test

Laboratory Information
Laboratory Name:
Address:
Phone:
Email:
Website:
Patient Information
Full Name:
Age:
Gender: [] Male [] Female [] Other:
Patient ID:
Address:
Phone:
Date of Birth:
Referring Physician/Clinic
Name:
Speciality:
Speciality: License/ID Number:
License/ID Number:
License/ID Number: Test Details
License/ID Number: Test Details Date of Sample Collection:
License/ID Number: Test Details Date of Sample Collection: Location of Collection (e.g., crown, back of head):
License/ID Number: Test Details Date of Sample Collection: Location of Collection (e.g., crown, back of head): Length of Hair Sample (centimeters or inches):
License/ID Number: Test Details Date of Sample Collection: Location of Collection (e.g., crown, back of head): Length of Hair Sample (centimeters or inches): Results
License/ID Number: Test Details Date of Sample Collection: Location of Collection (e.g., crown, back of head): Length of Hair Sample (centimeters or inches): Results Drug Panel Tested:
Test Details Date of Sample Collection: Location of Collection (e.g., crown, back of head): Length of Hair Sample (centimeters or inches): Results Drug Panel Tested: 1. Amphetamines (includes methamphetamine):

Results	
Drug Panel Tested:	
3. Marijuana (THC):	
[] Positive [] Negative	
4. Opiates (includes heroin, codeine, morphine):	
[] Positive [] Negative	
5. Phencyclidine (PCP):	
[] Positive [] Negative	
6. Barbiturates:	
[] Positive [] Negative	
7. Benzodiazepines:	
[] Positive [] Negative	
8. Methadone:	
[] Positive [] Negative	
9. Propoxyphene:	
[] Positive [] Negative	
Other Tests:	
Note: Labs can test for many other substances; this is a sample panel. Add or skip tests as necessary.	
Comments/Interpretation	

Laboratory Technician:	
	-
Name	
Signature	-
Date	
Certified by:	
Name of Lab In-Charge	-
Signature	-
Date	-

Disclaimer: Always consult with a healthcare professional for a comprehensive interpretation of results.