

# 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:

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:

1. Amphetamines (includes methamphetamine):

Positive  Negative

2. Cocaine:

Positive  Negative



**Laboratory Technician:**

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Name

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Signature

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Date

**Certified by:**

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Name of Lab In-Charge

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Signature

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Date

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