

12 PANEL URINE DRUG SCREEN

IN-HOUSE DRUG SCREEN RESULTS

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| • THC (Marijuana) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • COC (Cocaine) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • (AMP) (Amphetamine) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • (OPI) (Opiates) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • MQL (Methaqualone) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • PCP (Phencyclidine) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • (BAR) (Barbiturates) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • (BZO) (Benzodiazepines) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • (MTD) (Methadone) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • (PPX) (Propoxyphene) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • (FEN) (Fentanyl) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| • (KET) (Ketamine) | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |

Patient Name

DOB

Date

Nurse/Collector Signature

Date

Patient Signature

Date