

DRUG TEST REQUEST

CODE NO.: _____
Accession No.: _____

OR#: _____

Name: _____
Surname First Name Middle Name

Date: ____ / ____ / ____
(mm/dd/yy)

Age: _____ Sex: _____ Date of Birth: ____ / ____ / ____
(mm/dd/yy)

Civil Status: _____

Place of Birth: _____
(Town) (City) (Province)

Requesting Party: _____

Purpose:

- Pre-employment Random Reasonable suspicion/cause
 Return to duty Follow-up Others (pls. Specify) _____

Drugs test to be performed:

- THC MET THC & MET THC, COC, PCP, OPI, AMP
 Others (pls. Specify) _____

CERTIFICATION

I certify to the best of my knowledge that ***I have not been found*** positive of any regulated drug by any Drug Test Laboratory for the past six (6) months.

And that should be found making false statements to this regard, I shall be held liable and shall be charged of perjury. And that all appurtenances, in case I shall be found negative by this Drug Test Laboratory, shall be revoked as a consequence of such statement.

Name: _____

Signature: _____

Complete address: _____

Date: _____

DRUG TESTING CONSENT FORM

(Form DT – 001)

Code No.: _____

Name: _____ Date: ____ / ____ / ____ Time: _____
Surname First Name Middle Name (mm/dd/yy)

Address: _____ Tel No.: _____

Birthdate: _____ Age: _____

Sex: Male Female Civil Status: _____

Company: _____

Purpose of Drug Test:

- Employment *Private* *Government*
- License *Driver's* *Firearm's*
- Student *Secondary School* *Tertiary School*
- Candidate for Public Office whether appointee or elected
- Persons apprehended or arrested for violating the provisions of this Act
- Persons charge before the prosecutor's office with a criminal offense having an imposable penalty of imprisonment of not less than six (6) years and one (1) day
- Others (specify) _____

Instructions: Answer the questions below by checking the appropriate spaces below your answer. Afterward, read the statements below signing the two for your signature.

Have you taken medication / drugs in the past 30 days? Yes No

Have you ingested any alcoholic beverage in the past 24 hours? Yes No

If you are taking medication / drugs list these items below:

I hereby consent and agree to give sample of my: (Pls. Encircle)

- a) Urine b) Blood c) Saliva d) Hair e) Sweat f) Tissues

The result of any tests performed shall be provided to the requesting office or agency. My signature below acknowledges that I have read and understood the foregoing statement and I have answered all the questions truthfully.

Date: ____ / ____ / ____
(mm/dd/yy)

Signature: _____
Client/Donor/Subject

I hereby consent and agree that my _____ specimen, if found positive be sent to duly accredited/licensed Confirmatory Laboratory for confirmatory test.

I hereby acknowledge that the _____ sample is my own and that the samples were sealed in my presence. These samples are to be tested for dangerous drugs.

Date: ____ / ____ / ____
(mm/dd/yy)

Signature: _____
Client/Donor/Subject

CUSTODY AND CONTROL FORM
(Form DT-002A – COPY FOR THE DONOR)

SPECIMEN ID NO.: _____

LAB ACCESSION NO.: _____

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Name: _____	B. Address: _____	C. Age: _____	D. Sex: _____
E. Employer Name and Address: _____			
F. Type of Specimen		G. Reason for Test:	
<input type="checkbox"/> Urine	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion/Cause
<input type="checkbox"/> Blood	<input type="checkbox"/> Return-to-Duty	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Post-accident
<input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Others (specify) _____	
H. Drug test to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & MET Only <input type="checkbox"/> Others (specify) _____			

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.	Specimen Collection: <input type="checkbox"/> Observed <input type="checkbox"/> Unobserved	Other Observation (Enter Remark)
Is temperature between 32°C and 38°C? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Sampling: <input type="checkbox"/> Single <input type="checkbox"/> Split	
	Specimen Volume: _____ ml Physical Appearance: Color: _____	

REMARKS

STEP 3 Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.

STEP 4 CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

X _____ AM/PM
Signature of Collector Time of Collection

(PRINT) Collector's Name (First, MI, Last) / /
Date (mm/dd/yy)

SPECIMEN BOTTLE (S) RELEASED TO:

Name of delivery Service Transferring Specimen to Lab.

RECEIVED AT LAB.:

X _____
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last) / /
Date (mm/dd/yy)

STATUS OF THE SPECIMEN

(a) Seal intact: Yes No

(b) Transport device: _____

(c) Description: _____

SPECIMEN BOTTLE (S) RELEASED TO:

Signature of Receiving Person

(PRINT) Name (First, MI, Last) / /
Date (mm/dd/yy)

STEP 5 COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information on this form and on the bottle is correct.

X _____ (PRINT) Donor's Name (First, MI, Last) / /
Signature of Donor Date (mm/dd/yy)

Contact No.: _____ Date of Birth: / /
(mm/dd/yy)

Additional information may be asked from you by the laboratory particularly on drug and medications.

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE

DILUTED SUBSTITUTED

ADULTERATED Others (specify) _____

REMARKS: _____

X _____ (PRINT) Signature & Name of Analyst (First, MI, Last) / /

(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

CONFIRMED FOR: THC MET Others (specify) _____ FAILED TO CONFIRM – REASON: _____

X _____ (PRINT) Signature & Name of Analyst (First, MI, Last) / /

(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

RECONFIRMED FOR: THC MET Others (specify) _____ FAILED TO RECONFIRM – REASON: _____

X _____ (PRINT) Signature & Name of Analyst (First, MI, Last) / /

(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

1. Form DT-002A-Copy for the Donor
2. Form DT-002B-Copy for the Collection Site
3. Form DT-002C-Copy for the Laboratory
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)

CUSTODY AND CONTROL FORM
(Form DT-002B – COPY FOR THE COLLECTION SITE)

SPECIMEN ID NO.: _____

LAB ACCESSION NO.: _____

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Code: _____	B. Address: _____	C. Age: _____	D. Sex: _____
E. Employer Name and Address: _____			
F. Type of Specimen		G. Reason for Test:	
<input type="checkbox"/> Urine	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion/Cause
<input type="checkbox"/> Blood	<input type="checkbox"/> Return-to-Duty	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Post-accident
<input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Others (specify) _____	
H. Drug test to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & MET Only <input type="checkbox"/> Others (specify) _____			

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.	Specimen Collection: <input type="checkbox"/> Observed <input type="checkbox"/> Unobserved	Other Observation (Enter Remark)
Is temperature between 32°C and 38°C? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Sampling: <input type="checkbox"/> Single <input type="checkbox"/> Split	
	Specimen Volume: _____ ml Physical Appearance: Color: _____	

REMARKS

STEP 3 Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.

STEP 4 CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

X _____ AM/PM
Signature of Collector Time of Collection

(PRINT) Collector's Name (First, MI, Last) _____
Date (mm/dd/yy)

SPECIMEN BOTTLE (S) RELEASED TO:

Name of delivery Service Transferring Specimen to Lab.

RECEIVED AT LAB.:

X _____
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last) _____
Date (mm/dd/yy)

STATUS OF THE SPECIMEN

(a) Seal intact: Yes No

(b) Transport device: _____

(c) Description: _____

SPECIMEN BOTTLE (S) RELEASED TO:

Signature of Receiving Person

(PRINT) Name (First, MI, Last) _____
Date (mm/dd/yy)

STEP 5 COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information on this form and on the bottle is correct.

X _____
Signature of Donor _____
(PRINT) Donor's Name (First, MI, Last) _____
Date (mm/dd/yy)

Contact No.: _____ Date of Birth: _____
(mm/dd/yy)

Additional information may be asked from you by the laboratory particularly on drug and medications.

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE

DILUTED SUBSTITUTED

ADULTERATED Others (specify) _____

REMARKS: _____

X _____
(PRINT) Signature & Name of Analyst (First, MI, Last) _____
(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____
Date (mm/dd/yy)

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

CONFIRMED FOR: THC MET Others (specify) _____

FAILED TO CONFIRM – REASON: _____

X _____
(PRINT) Signature & Name of Analyst (First, MI, Last) _____
(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____
Date (mm/dd/yy)

STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

RECONFIRMED FOR: THC MET Others (specify) _____

FAILED TO RECONFIRM – REASON: _____

X _____
(PRINT) Signature & Name of Analyst (First, MI, Last) _____
(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____
Date (mm/dd/yy)

1. Form DT-002A-Copy for the Donor
2. Form DT-002B-Copy for the Collection Site
3. Form DT-002C-Copy for the Laboratory
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)

CUSTODY AND CONTROL FORM
(Form DT-002C – COPY FOR THE LABORATORY)

SPECIMEN ID NO.: _____

LAB ACCESSION NO.: _____

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Code: _____	B. Address: _____	C. Age: _____	D. Sex: _____
E. Employer Name and Address: _____			
F. Type of Specimen		G. Reason for Test:	
<input type="checkbox"/> Urine	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion/Cause
<input type="checkbox"/> Blood	<input type="checkbox"/> Return-to-Duty	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Post-accident
<input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Others (specify) _____	
H. Drug test to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & MET Only <input type="checkbox"/> Others (specify) _____			

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.	Specimen Collection: <input type="checkbox"/> Observed <input type="checkbox"/> Unobserved	Other Observation (Enter Remark)
Is temperature between 32°C and 38°C? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Sampling: <input type="checkbox"/> Single <input type="checkbox"/> Split	
	Specimen Volume: _____ ml Physical Appearance: Color: _____	

REMARKS

STEP 3 Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.

STEP 4 CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

X _____ AM/PM
Signature of Collector Time of Collection

(PRINT) Collector's Name (First, MI, Last) _____
Date (mm/dd/yy)

SPECIMEN BOTTLE (S) RELEASED TO:

Name of delivery Service Transferring Specimen to Lab.

RECEIVED AT LAB.:

X _____
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last) _____
Date (mm/dd/yy)

STATUS OF THE SPECIMEN

- (a) Seal intact: Yes No
- (b) Transport device: _____
- (c) Description: _____

SPECIMEN BOTTLE (S) RELEASED TO:

Signature of Receiving Person

(PRINT) Name (First, MI, Last) _____
Date (mm/dd/yy)

STEP 5 COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information on this form and on the bottle is correct.

X _____
Signature of Donor

Date (mm/dd/yy)

Date of Birth: _____
(mm/dd/yy)

Additional information may be asked from you by the laboratory particularly on drug and medications.

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:

- NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE
- DILUTED SUBSTITUTED
- ADULTERATED Others (specify) _____

REMARKS: _____

X _____
(PRINT) Signature & Name of Analyst (First, MI, Last) _____
(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____
Date (mm/dd/yy)

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

- CONFIRMED FOR: THC MET Others (specify) _____
- FAILED TO CONFIRM – REASON: _____

X _____
(PRINT) Signature & Name of Analyst (First, MI, Last) _____
(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____
Date (mm/dd/yy)

STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

- RECONFIRMED FOR: THC MET Others (specify) _____
- FAILED TO RECONFIRM – REASON: _____

X _____
(PRINT) Signature & Name of Analyst (First, MI, Last) _____
(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____
Date (mm/dd/yy)

1. Form DT-002A-Copy for the Donor
2. Form DT-002B-Copy for the Collection Site
3. Form DT-002C-Copy for the Laboratory
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)

CUSTODY AND CONTROL FORM
(Form DT-002D – COPY FOR THE CONFIRMATORY LABORATORY)

SPECIMEN ID NO.: _____

LAB ACCESSION NO.: _____

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Code: _____	B. Address: _____	C. Age: _____	D. Sex: _____
E. Employer Name and Address: _____			
F. Type of Specimen		G. Reason for Test:	
<input type="checkbox"/> Urine	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion/Cause
<input type="checkbox"/> Blood	<input type="checkbox"/> Return-to-Duty	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Post-accident
<input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Others (specify) _____	
H. Drug test to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & MET Only <input type="checkbox"/> Others (specify) _____			

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 32°C and 38°C? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Collection: <input type="checkbox"/> Observed <input type="checkbox"/> Unobserved Specimen Sampling: <input type="checkbox"/> Single <input type="checkbox"/> Split Specimen Volume: _____ ml Physical Appearance: Color: _____	Other Observation (Enter Remark)
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REMARKS

STEP 3 Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.

STEP 4 CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

X _____ AM/PM
Signature of Collector Time of Collection

(PRINT) Collector's Name (First, MI, Last) / /
Date (mm/dd/yy)

SPECIMEN BOTTLE (S) RELEASED TO:

Name of delivery Service Transferring Specimen to Lab.

RECEIVED AT LAB.:

X _____
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last) / /
Date (mm/dd/yy)

STATUS OF THE SPECIMEN

- (a) Seal intact: Yes No
(b) Transport device:
(c) Description:

SPECIMEN BOTTLE (S) RELEASED TO:

Signature of Receiving Person

(PRINT) Name (First, MI, Last) / /
Date (mm/dd/yy)

STEP 5 ATTESTED BY ANALYST

I certify that the urine specimen submitted is not adulterated, substituted and/or diluted in any manner; each specimen bottle used was sealed with a tamper-evident seal in the presence of the donor; and that the information on this form and on the bottle is correct.

X _____ (PRINT) Name of Analyst (First, MI, Last) / /
Signature of Analyst Date (mm/dd/yy)

Additional information may be asked from you by the laboratory particularly on drug and medications.

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:

- NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE
 DILUTED SUBSTITUTED
 ADULTERATED Others (specify) _____

REMARKS: _____

X _____ (PRINT) Signature & Name of Analyst (First, MI, Last) / /

(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

- CONFIRMED FOR: THC MET Others (specify) _____ FAILED TO CONFIRM – REASON: _____

X _____ (PRINT) Signature & Name of Analyst (First, MI, Last) / /

(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

- RECONFIRMED FOR: THC MET Others (specify) _____ FAILED TO RECONFIRM – REASON: _____

X _____ (PRINT) Signature & Name of Analyst (First, MI, Last) / /

(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (mm/dd/yy)

1. Form DT-002A-Copy for the Donor
2. Form DT-002B-Copy for the Collection Site
3. Form DT-002C-Copy for the Laboratory
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)