12-Panel Drug Test Report

Date: _____ dd / mm / yyyy **Tested Individual's Name:** _____

Tested Individual's Contact Information: _____ **Test Administrator:** _____

Testing Location: _____

SAMPLE INFORMATION

Sample Type: _____ **Sample Collection Date and Time:** _____

TEST PANEL

1. Amphetamines (AMP) 2. Barbiturates (BAR) 3. Benzodiazepines (BZO) 4. Buprenorphine (BUP) 5. Cocaine (COC) 6. Ecstasy (MDMA) 7. Marijuana (THC) 8. Methadone (MTD) 9. Methamphetamine (mAMP or MET) 10. Morphine (OPI) 11. Oxycodone (OXY) 12. Tricyclic antidepressants (TCA)

TEST RESULTS

Negative: All 12 drug classes show a colored line in the control and test regions. Positive: One or more drug classes show a missing line in the test region. Invalid: No lines appear on the test strip or only in the test region.

Remarks/Comments:

CONFIRMATION TESTING (IF REQUIRED):

Confirmation Testing

◯ Confirmation testing needed ◯ Confirmation testing not needed

Additional Notes:

Test Administrator's Signature:
Date: _____ dd / mm / yyyy