

POCT Result Form

Donor Name: _____ Date _____

Picture ID Verified Yes No Type of ID _____ ID# _____

Test Administered By (Collector's Name):

Print Name _____

Signature _____

Drug Test Results – Initial Test

Drug Test Saliva:

5 Panel 6 Panel 10 Panel

Lot Number of Saliva Drug Test _____

Expiration Date of Saliva Drug Test _____

Results: Negative – All Drugs Inconclusive

Drug Test Urine:

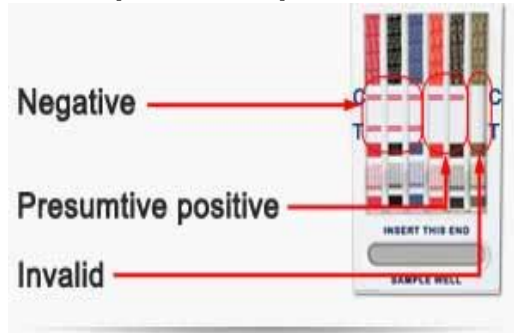
5 Panel 6 Panel 10 Panel

Lot Number of Urine Cup Test _____

Expiration Date of Urine Cup Test _____

Results: Negative – All Drugs Inconclusive

Example of Interpretation



Note: Regardless of the intensity of the lines, if a line is visible at all, it is a valid line.

Drug Test Results-Re-Test

Drug Test Saliva:

5 Panel 6 Panel 10 Panel

Lot Number of Saliva Drug Test _____

Expiration Date of Saliva Drug Test _____

Control lines formed in drug test channel Re-Test:

Yes No

Results: Negative – All Drugs Inconclusive

Drug Test Urine:

5 Panel 6 Panel 10 Panel

Lot Number of Urine Cup Test _____

Expiration Date of Urine Cup Test _____

Control lines formed in drug test channel Re-Test:

Yes No

Results: Negative – All Drugs Inconclusive

Further Testing Needed:

Donor referred to collection site. Name of facility _____

Date and time of notification of retest. Date: _____ Time: _____

Donor refused further testing.

Donor failed to go to collection site within 24 hours.

Additional notes: _____