

St. Clair County Community Mental Health
Urine Drug Screen Result Record

Donor Information:

Last Name: _____ First Name: _____

Birth Date: _____ Case #: _____

Screen Results:

Date of Test: _____ Time of Test: _____ Urine Temperature: _____

<u>Drug Name</u>	<u>Symbol</u>	<u>Negative</u>	<u>Confirm</u>	<u>N/A</u>
1. Methadone	MTD			
2. Opiates	MOP			
3. Oxycodone	OXY			
4. Marijuana	THC			
5. Amphetamines	AMP			
6. Buprenorphine	BUP			
7. Benzodiazepine	BZO			
8. Cocaine	COC			
9. Methamphetamine	MET			
10. Ecstasy	MDMA			
11. Breathalyzer	ETOH			
12. Pregnancy	HCG			

Staff Print Name

Staff Signature/Credentials: Date: _____