12-Panel Drug Test Report

Date:
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 needed
 Confirmation testing not needed
Additional Notes:
Test Administrator's Signature:
Date: