

Urine Drug Screen POC Form

PATIENT INFORMATION	
Last Name	First Name
Date of Birth	MRN

ORDER INFORMATION	
Ordering Provider	Performed By
Documented By	Performing Location
Date Performed	Time Performed

POC RESULTS	
Was Specimen Adulterated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Controls Valid <input type="checkbox"/> Yes	
<i>*Results with a failed or 'invalid' control should be discarded and repeated.</i>	
Lot Number:	
Amphetamines (AMP) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Barbiturates (BAR) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Benzodiazepine (BZO) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Buprenorphine (BUP) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Cocaine (COC) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Ecstasy (MDMA) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Methadone (MTD) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Methamphetamine (METH) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Opiates (OPI) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Oxycodone (OXY) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Phencyclidine (PCP) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Marijuana (THC) Result	<input type="checkbox"/> NOT DETECTED <input type="checkbox"/> DETECTED
Comments:	