

Attachment I – Sample Testing Result Report

Company Name:

Company Address:

Company Phone:

Company E-Mail:

Company Web Site Address:

CONTROLLED SUBSTANCE TEST RESULT

Office/ Division Name:

Office / Division Cost Center Code:

Test Type: (Pre-employment, random, etc.)

Participant: (Applicant's name)

Specimen ID:

Collection: (Date & Time)

SSN:

Collection Site: (Name)

Donor ID:

Laboratory: (Name) MRO

Collector (Name):

Verification Date:

Test Result:

SUBSTANCE

List each substance tested.

RESULT

List result of each tested substance.