

<p>MICHIGAN MEDICINE</p> <p>Pathology – Point of Care Testing</p> <p>Urine Drug Screen Report Form</p>	<p>MRN:</p> <p>NAME:</p> <p>BIRTHDATE:</p> <p>CSN:</p>
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NOT A MEDICAL RECORD DOCUMENT

Test Performed by: _____ _____ (Name) (Date/Time)	Date of Service, Ordering Provider Patient Name Patient MRN, DOB Patient Sex, Age, CSN
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Adulterants

Creatinine (circle one)	Abnormal			Normal		
(Read at 45 seconds)	Neg	10	20	50	100	200
Oxidant/Bleach (circle one) (Read at 30 seconds)	Positive			Negative		
Drug (Read at 5 minutes)	<u>Result</u> (POS/NEG)			<u>Control</u> ✓		
AMP Amphetamines *Cut-off Level 1000 ng/ml						
BAR Barbiturates *Cut-off Level 300 ng/ml						
BUP Buprenorphine *Cut-off Level 10 ng/ml						
BZO Benzodiazepine *Cut-off Level 300 ng/ml						
COC Cocaine *Cut-off Level 300 ng/ml						
MET Methamphetamine *Cut-off Level 1000 ng/ml						
MOP Opiates/Morphine *Cut-off Level 300 ng/ml						
MTD Methadone *Cut-off Level 300 ng/ml						
OXY Oxycodone *Cut-off Level 100 ng/ml						
THC Marijuana *Cut-off Level 50 ng/ml						

Fentanyl is not detected in this assay.

Time in hours since last dose: _____

Record results in the correct box above.

Positive – enter POS. Result is positive when there is **ONE** line is seen (control line) only.

Negative - enter NEG. Result is negative when there are **TWO** lines seen (control and test line).

Control line present, enter ✓.

If no control line present, the test is invalid, enter **INVALID**. Repeat test with new iScreen cup.