

## GEORGIA DEPARTMENT OF CORRECTIONS On-Site Substance Abuse Screening Documentation Form

Applicant/Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

SS#/ID#: \_\_\_\_\_ Picture ID Verified:  Yes  No

**Reason for Drug Test:**

Pre-employment  Random

**TesTcup5® Results:**

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

1. Temperature:  Within 90° - 100°  Outside of Range (Sample unacceptable)

Any other observations: \_\_\_\_\_  
\_\_\_\_\_

2. All Tests Valid:  Yes  No

3. Drug Test Results:  Prescreen Complete  Further Testing Needed

Donor sent to lab collection site for further testing.

**Donor:**

Employee/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_