

# Drug Test Report

## Title Page

- **Report Title:** Drug Test Report
- **Patient/Employee Name:** [Patient/Employee Name]
- **Age:** [Age]
- **Gender:** [Gender]
- **Report ID:** [Unique ID]
- **Date of Report:** [Date]
- **Test Conducted By:** [Lab Technician/Medical Officer Name]
- **Approved By:** [Name, Designation]

## Patient/Employee Information

- **Name:** [Patient/Employee Name]
- **Age:** [Age]
- **Gender:** [Gender]
- **Contact Details:** [Contact Information]
- **Employer (If Applicable):** [Employer Name]

## Test Details

- **Test Name:** Drug Screening Test (Urine/Blood/Saliva)
- **Test Date:** [Date of Test]
- **Test Method:** ELISA / Rapid Test / Other Method
- **Sample Type:** Blood / Urine / Saliva

## Test Results

Drug Name	Result	Reference Range	Status (Positive/Negative)
-----------	--------	-----------------	----------------------------

Amphetamines	[Result]	Negative	[Positive/Negative]
Cocaine	[Result]	Negative	[Positive/Negative]
THC (Cannabis)	[Result]	Negative	[Positive/Negative]
Opiates	[Result]	Negative	[Positive/Negative]
Alcohol (BAC)	[Result]	0% - 0.08%	[Positive/Negative]

## Remarks

- **Observations:** [Any key observations]
- **Medical Advice:** [Doctor's Notes and Recommendations]
- **Retest Required:** [Yes/No]

## Approval and Sign-off

- **Lab Technician Name & Signature:** [Name, Signature]
- **Pathologist Name & Signature:** [Name, Signature]
- **Date of Approval:** [Date]