### **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]