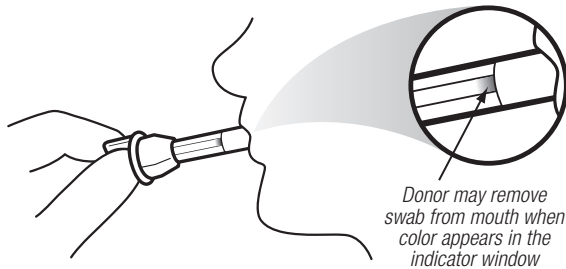


# TEST PROCEDURE

**IMPORTANT: DONORS SHOULD NOT PLACE ANYTHING (INCLUDING FOOD, DRINK, GUM AND TOBACCO PRODUCTS) IN THEIR MOUTH FOR AT LEAST 10 MINUTES PRIOR TO THE PROCEDURE. DO NOT BITE, SUCK, OR CHEW ON THE SPONGE. REFRAIN FROM TALKING WHILE COLLECTION SWAB IS IN THE MOUTH.**

- 1 The purpose of Step 1 is to saturate the sponge with saliva. With collection swab (B), have donor sweep the inside of mouth (cheek, gums, tongue) several times, then hold swab in mouth until color on the saturation indicator strip appears in the indicator window of the collection swab. Donor must leave swab in mouth until instructed to remove it.

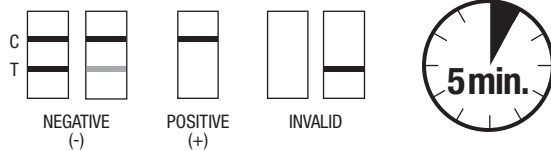


*Note: If at 4 minutes, color on the saturation indicator has not appeared in the indicator window, proceed with the test – #2 below.*

- 2 Remove collection swab (B) from mouth and insert it sponge first into the screening device (A), pushing until the locking flange locks in place in the bottom of the device.

*NOTE: Once the collection swab locks in place, the device is airtight, tamper evident, and ready to dispose of or send to lab for confirmation (on presumptive positive result).*

- 3 Set device upright on flat surface and keep upright while test is running. Read results at 5 minutes (no later than 10 minutes).

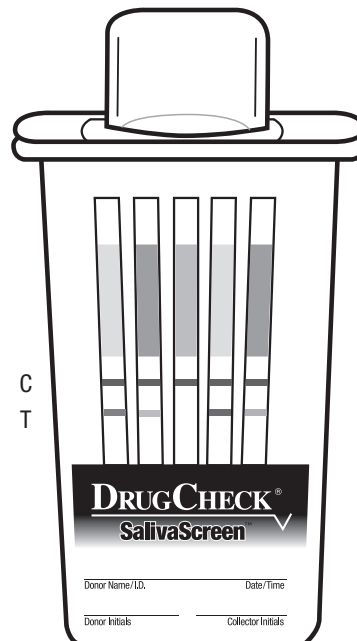
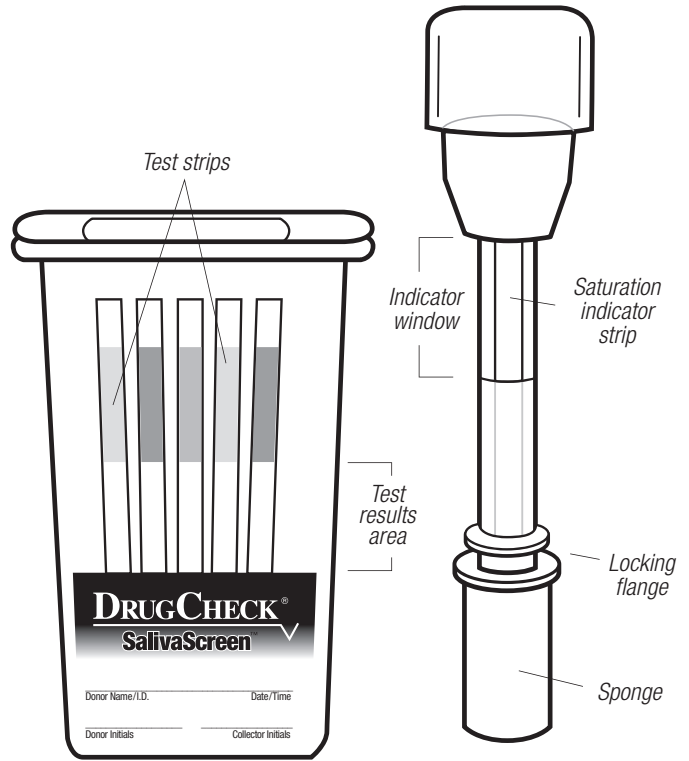


Any indication of a line in the test region (T) should be considered a line, and therefore a negative result. NOTE: If the device includes alcohol, read the alcohol strip at 2 minutes.

# DRUGCHECK<sup>®</sup> SalivaScreen<sup>™</sup>

Screening Device (A)

Collection Swab (B)



# TEST RESULTS RECORD

Test Reference Number \_\_\_\_\_ Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

## DONOR INFORMATION

Employee I.D. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_

Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

## CERTIFICATION

*I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.*

Donor signature \_\_\_\_\_ Date / Time \_\_\_\_\_

*I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.*

Collector signature \_\_\_\_\_ Date / Time \_\_\_\_\_

Laboratory signature \_\_\_\_\_ Date / Time received \_\_\_\_\_

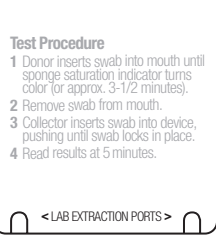
## TEST RESULTS

Date/Time Collected \_\_\_\_\_

Time Interpreted \_\_\_\_\_

*Note: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe.*

### Side of Device



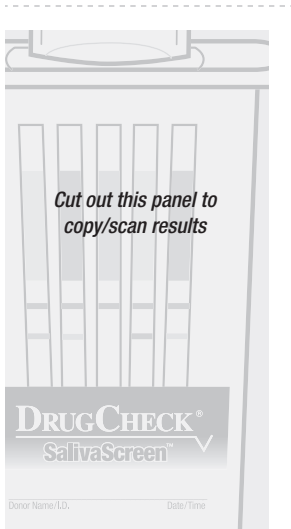
- Test Procedure**
- 1 Donor inserts swab into mouth until sponge saturation indicator turns color (for approx. 3-1/2 minutes).
  - 2 Remove swab from mouth.
  - 3 Collector inserts swab into device, pushing until swab locks in place.
  - 4 Read results at 5 minutes.

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Donor Name/I.D. \_\_\_\_\_ Date/Time \_\_\_\_\_