

Drug Test and Results Log

REQUIRED FORM:

This form is an optional document in client file

WHEN:

This log will be completed each time alcohol or drug testing is initiated and will be used throughout the client's treatment period

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- **Client Name:** Complete the client's full name.
- **Client ID #:** Complete the client's ID number as determined by agency guidelines.
- **Date Tested:** Complete the date the specimen was collected.
- **Chain of Custody #:** Complete chain of custody number from the laboratory paperwork. If no paperwork from the laboratory is used, complete by stating N/A, not applicable.
- **Reason for Test:** Complete the reason for testing (e.g., baseline, random, suspicious behavior, etc.).
- **Type of Test:** Complete the type of test used (e.g., urine analysis, breathalyzer, alcohol testing swab).
- **Date Test Results Received:** Complete the date the test results were received.
- **Test Results:** Complete the result of testing (e.g., positive, negative, diluted, etc.).

NOTES:

Authorized agency staff must complete the log as soon as the client is informed of testing by filling in the date, chain of custody number (if applicable), reason for testing, and type of test. If the client failed to provide a sample or refused to test it needs to be reflected in the result column. If the test was successfully conducted, the result must be logged in when received.