

MA DRUG & ALCOHOL POLICY TEST RESULTS RECORD



Test Reference No. _____

Name of Collector: _____

COMPANY INFORMATION

Company Name: Motorcycling Australia Phone: 03 9684 0500

Address: Office 38, 1 International Drive Westmeadows Vic 3049 Email: mail@ma.org.au

DONOR INFORMATION

Last Name: _____ First Name: _____

ID provided: Drivers licence Other photo ID (specify): _____

Reason for Test: Random selection Suspicion Voluntary

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, to the best of my knowledge, substituted or adulterated.

Collector signature: _____ Date / Time: _____

Laboratory signature: _____ Date / Time received: _____

TEST RESULTS

DRUG NAME:	SYMBOL	NEGATIVE	NON-NEGATIVE	NOT TESTED	NOTES / COMMENTS
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"/>	