URINALYSIS TESTING LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name PACTS # _____ Month/Year _____ **Client's Signature/Initials Bar Code** Special Medications Collector's Co-Pay Date Test Collected Tests Taken Initials **Results/Date** Collected Number Received

Monthly Co-payment

SWEAT PATCH TESTING LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

COMPLETE THE FIRST FIVE COLUMNS UPON APPLICATION, AND THE LAST FOUR UPON REMOVAL

Client Name]	PACTS #		Month/Year				
Application Date	Client's Signature/Initials	Chain of Custody Bar Code Number	Medications Taken	Collector's Initials	Removal Date	Client's Initials	Collector's Initials	Test Results/Date	Co-Pay Collected

Comments (please note any unusual occurrences):				

BREATHALYZER LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

lient Name	PACTS #	Month/Yea	ar	
Client's Signature/Initials	Collector's Initials	Reason Tested	Test Results	Refusal

Comments (please note any unusual occurrences):	

Monthly Co-payment _____

BREATHALYZER INSTRUMENT LOG

Vendor Name _____

Instrument Serial Number	Requirements for Calibration	Dates of Calibration	Date of Next Calibration	Signature of Person Conducting the Calibration