



PASIG CITY DRUG TESTING LABORATORY

5/F Pasig City Hall Bldg. Caruncho Ave. San Nicolas Pasig City

<https://www.pasigcity.gov.ph/>

DRUG TESTING CONSENT FORM

(Form DT – 001)

Accession No. _____ ☺ Date ____/____/____ ☺ Time: _____

Name: ☺ _____
Surname First name Middle nameAddress: ☺ _____
Number Street Subdivision Barangay City

Age: ☺ _____ Sex: ☺ _____ Status: ☺ _____ Birthdate: ☺ _____

Birthplace: ☺ _____
Country Region Province CityMother's maiden name: ☺ _____
(Pangalan ng ina sa pagkadalaga) Surname First name Middle name

Requesting Company ☺ _____

Company address: ☺ _____

OR No: ☺ _____ Date: ☺ _____

ID presented: ☺ _____ ID No: ☺ _____

Purpose of Drug Test:

- Employment Private Government
 License Drivers Firearm's
 Student Secondary School Tertiary School
 Candidate for Public Office whether appointee or elected
 Persons apprehended or arrested for violating the provisions of this Act
 Persons charge before the prosecutor's office with criminal offence having
 An imposable penalty of imprisonment of not less than six (6) years and one (1) day
 Others (please specify) _____

Instructions: Answer the questions by checking the appropriate spaces below your answer.
 Afterward, read the statements below signing the two with your signature.

☺ Have you ingested any alcoholic beverage in the past 24 hours? Yes No ☺ _____
(Nakainom ka ba ng alak sa loob ng 24 oras?) Signature

☺ Have you taken medication or drugs in the past 30 days? Yes No ☺ _____
(Nakainom ka ba ng gamot o bitamina sa loob ng isang buwan?) Signature

If you are taking medication of drugs list these items below :(**Kung Oo, isulat ang pangalan ng gamot sa ibaba**)

☺ _____

I hereby consent and agree to give sample of my urine.

The result of any tests performed shall be provided to the requesting office or agency. My signature below acknowledges that I have read and understood the foregoing statement and I have answered all the questions truthfully.

☺ Date: ____/____/____ Signature ☺ _____
 Client / Donor

I hereby consent and agree that my URINE specimen, if found positive be sent to duly accredited / Licensed Confirmatory Laboratory for confirmatory test.

I hereby acknowledge that the URINE sample is my own and that the samples were sealed in my presence. These samples are to be tested for dangerous drugs.

☺ Date: ____/____/____ Signature ☺ _____
 Client / Donor



PASIG CITY DRUG TESTING LABORATORY
5/F Pasig City Hall Bldg. Caruncho Ave. San Nicolas Pasig City
CUSTODY AND CONTROL FORM
(Form DT-002 – COPY FOR THE COLLECTION SITE)

SPECIMEN ID NO.

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Client's Name:		C. Age:		D. Sex:	
B. Address:		E. Employers Name and Address:			
F. Type of Specimen / / Urine / / Blood / / Others (specify) _____		G. Reason for Test / / Pre-employment / / Random / / Reasonable Suspicion/Cause / / Return to duty / / Mandatory / / Post Accident / / Follow-up / / Others (specify) _____			
H. Drug tests to be performed		/ / THC. COC. PCP. OPI. AMP		/ / THC & MET Only / / Others	

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 min. Is temp between 32° and 38° C? / / Yes / / No	Specimen Collection: / / Observed / / Unobserved Specimen Sampling: / / Single / / Split Specimen Volume: ___ ml Color: _____	Other Observation:
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REMARKS

STEP 3. Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Do not initial seal ('s). Donor completes STEP 5.

STEP 4. CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

Signature of Collector <u>ROCHELE S. ASEJO, MARIFEL M. CALADO, LORNA G. SANTOS</u> (PRINT) Collector's Name (First, MI, Last)	AM/PM Time of Collection Date: ___/___/___ Mo Day Year	SPECIMEN BOTTLE(S) RELEASED TO: Name of delivery service transferring specimen to lab
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RECEIVED AT LAB: <u>MADLINE PADOGA/BABY JANE BEBOSO</u> Signature & Printed Name of Accessioner Date: (Mo/Day/Yr) ___/___/___	STATUS OF SPECIMEN Seal intact / / Yes / / No Transport Device _____ Description _____	SPECIMEN BOTTLE(S) RELEASED TO : Signature & Printed Name of Receiving Person Date: (Mo/Day/Yr) ___/___/___
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STEP 5. COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the affixed bottle is correct.

Signature of Donor 	(PRINT) Donor's Name (First, MI, Last) 	Date: ___/___/___ Mo Day Year
Contact No. Additional information may be asked from you by the lab particularly on drugs and medication		Date of Birth: ___/___/___ Mo Day Year

STEP 6. COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination / verification is / / Negative / / Positive / / Test Cancelled / / Refusal to Test because / / Diluted / / Adulterated / / Substituted / / Others _____		
REMARKS _____		
Signature & Name of Analyst(First, MI, Last)	<u>ROCYLENE C. ROQUE</u> Signature & Name of Head of Laboratory (First, MI, Last)	Date: ___/___/___ Mo Day Year

STEP 7. COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination / verification for the specimen (If tested) is: / / confirmed for / / Challenge / / Failed to confirm – Reason _____ / / THC / / MET / / Others _____		
Signature & Name of Analyst (First, MI, Last)	Signature & Name of Head of Laboratory (First, MI, Last)	Date: ___/___/___ Mo Day Year

STEP 8. TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination / verification for the specimen (If tested) is: / / Confirmed for / / Challenge / / Failed to confirm – Reason _____ / / THC / / MET / / Others _____		
Signature & Name of Analyst (First, MI, Last)	Signature & Name of Head of Laboratory (First, MI, Last)	Date: ___/___/___ Mo Day Year



DRUG TESTING LABORATORY
Pasig City Health Office

Tel. no. 8643-1111 local 392 to 393, Fax no. -640-0111
Email address- pasig.substanceabuseoffice@gmail.com

PASIG CITY DRUG TESTING LABORATORY
5/F Pasig City Hall Bldg. Caruncho Ave. San Nicolas Pasig City
CUSTODY AND CONTROL FORM
(Form DT-003 – COPY FOR THE LABORATORY)

SPECIMEN ID NO.

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Clients Code:
B. Address:
C. Age:
D. Sex:
E. Employers Name and Address:
F. Type of Specimen
G. Reason for Test
H. Drug tests to be performed

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 min. Is temp between 32° and 38° C?
Specimen Collection: / /Observed / / Unobserved
Specimen Sampling: / / Single / / Split
Specimen Volume: ___ ml Color: _____
Other Observation:

REMARKS

STEP 3. Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Do not initial seal ('s). Donor completes STEP 5.
STEP 4. CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

Signature of Collector
Time of Collection
Date: ___/___/___
SPECIMEN BOTTLE(S) RELEASED TO:
Name of delivery service transferring specimen to lab

RECEIVED AT LAB:
MADLINE PADOGA/BABY JANE BEBOSO
Signature & Printed Name of Accessioner
Date: (Mo/Day/Yr) ___/___/___
STATUS OF SPECIMEN
Seal intact / /Yes / / No
Transport Device
Description
SPECIMEN BOTTLE(S) RELEASED TO :
Signature & Printed Name of Receiving Person
Date: (Mo/Day/Yr) ___/___/___

STEP 5. COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed With a tamper-evident seal in my presence and that the information provided on this form and on the affixed bottle is correct.

Signature of Donor
Date: ___/___/___
Date of Birth: ___/___/___

STEP 6. COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination / verification is
/ / Negative / / Positive / / Test Cancelled / / Refusal to Test because
REMARKS
Signature & Name of Analyst (First, MI, Last)
Signature & Name of Head of Laboratory (First, MI, Last)
Date: ___/___/___

STEP 7. COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination / verification for the specimen (If tested) is:
/ / Confirmed for / / Challenge / / Failed to confirm – Reason
/ / THC / / MET / /Others
Signature & Name of Analyst(First, MI, Last)
Signature & Name of Head of Laboratory (First, MI, Last)
Date: ___/___/___

STEP 8. TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination / verification for the specimen (If tested) is:
/ / Confirmed for / / Challenge / / Failed to confirm – Reason
/ / THC / / MET / /Others
Signature & Name of Analyst(First, MI, Last)
Signature & Name of Head of Laboratory (First, MI, Last)
Date: ___/___/___



PASIG CITY DRUG TESTING LABORATORY
5/F Pasig City Hall Bldg. Caruncho Ave. San Nicolas Pasig City
CUSTODY AND CONTROL FORM
(Form DT-004 – COPY FOR THE DONOR)

SPECIMEN ID NO. _____

O.R NUMBER _____ DATE _____

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. _____

A. Client's Name: _____			
B. Address: _____		C. Age: _____ D. Sex: _____	
E. Employers Name and Address: _____			
F. Type of Specimen / / Urine / / Blood / / Others (specify) _____		G. Reason for Test / / Pre-employment / / Random / / Reasonable Suspicion/Cause / / Return to duty / / Mandatory / / Post Accident / / Follow-up / / Others (specify) _____	
H. Drug tests to be performed / / THC, COC, PCP, OPI, AMP / / THC & MET Only / / Others			

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 min. Is temp between 32° and 38° C? / / Yes / / No	Specimen Collection: / / Observed / / Unobserved Specimen Sampling: / / Single / / Split Specimen Volume: _____ ml Color: _____	Other Observation: _____
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REMARKS

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STEP 4. CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

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Signature of Collector _____ ROCHELE S. ASEJO, MARIFEL M. CALADO, LORNA G. SANTOS (PRINT) Collector's Name (First,MI,Last)	AM/PM _____ Time of Collection _____ Date: ___/___/___ Mo Day Yr	SPECIMEN BOTTLE(S) RELEASED TO: Name of delivery service transferring specimen to lab _____
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RECEIVED AT LAB: Signature & Printed Name of Accessioner _____ Date: (Mo/Day/Yr) ___/___/___	STATUS OF SPECIMEN Seal intact / / Yes / / No Transport Device _____ Description _____	SPECIMEN BOTTLE(S) RELEASED TO : Signature & Printed Name of Receiving Person _____ Date: (Mo/Day/Yr) ___/___/___
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STEP 5. COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the affixed bottle is correct.

Signature of Donor _____	(PRINT) Donor's Name (First, MI, Last) _____	Date: ___/___/___ Mo Day Year
Contact No. _____	Date of Birth: ___/___/___ Mo Day Year	

Additional information may be asked from you by the lab particularly on drugs and medication

STEP 6. COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination / verification is
/ / Negative / / Positive / / Test Cancelled / / Refusal to Test because
/ / Diluted / / Adulterated / / Substituted
/ / Others _____

REMARKS _____

Signature & Name of Analyst (First, MI, Last) _____	ROCYLENE C. ROQUE Signature & Name of Head of Laboratory (First, MI, Last) _____	Date: ___/___/___ Mo Day Year
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STEP 7. COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination / verification for the specimen (If tested) is:
/ / Confirmed for / / Challenge / / Failed to confirm – Reason _____
/ / THC / / MET / / Others _____

Signature & Name of Analyst (First, MI, Last) _____	Signature & Name of Head of Laboratory (First, MI, Last) _____	Date: ___/___/___ Mo Day Year
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STEP 8. TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination / verification for the specimen (If tested) is:
/ / Confirmed for / / Challenge / / Failed to confirm – Reason _____
/ / THC / / MET / / Others _____

Signature & Name of Analyst (First, MI, Last) _____	Signature & Name of Head of Laboratory (First, MI, Last) _____	Date: ___/___/___ Mo Day Year
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