

Hair Follicle Drug Test Report

Laboratory Information:

Laboratory Name:

Address:

Phone:

Email:

Website:

Patient Information:

Full Name:

Age:

Gender:

Patient ID:

Address:

Phone:

Date of Birth:

Referring Physician/Clinic:

Name:

Specialty:

License/ID Number:

Phone:

Test Details:

Date Sample Collected:

Location of Collection: (e.g., crown, back of head)

Length of Hair Sample: (measured in centimeters or inches)

Results:**Drug Panel Tested:**

1. **Amphetamines (includes methamphetamine):** _____ (Positive/Negative)

2. **Cocaine:** _____ (Positive/Negative)

3. **Marijuana (THC):** _____ (Positive/Negative)

4. **Opiates (includes heroin, codeine, morphine):** _____ (Positive/Negative)

5. **Phencyclidine (PCP):** _____ (Positive/Negative)

6. **Barbiturates:** _____ (Positive/Negative)

7. **Benzodiazepines:** _____ (Positive/Negative)

8. **Methadone:** _____ (Positive/Negative)

9. **Propoxyphene:** _____ (Positive/Negative)

(Note: Labs can test for many other substances; this is a sample panel. Add or subtract as necessary.)

Comments/Interpretation:

Laboratory Technician:

Name: _____

Signature: _____

Date: _____

Certified by:

Name of Lab In-Charge: _____

Signature: _____

Date: _____

Disclaimer: Always consult with a healthcare professional for a comprehensive interpretation of results.