



To: Certifying Scientist,
Phamatech, Inc.
Email: dcfs@phamatech.com

Date: _____

From: _____

Phone: _____ **Email:** _____

Specimen ID#: _____ **Donor ID#:** _____

Positive Analytes (CONFIRMATION ONLY): Please include a copy of the Report

Prescription Medications(s):

(PRESCRIBED MEDICATIONS ONLY)

FOR CERTIFYING SCIENTIST ONLY

- ☐ **Yes**, the medication(s) could have resulted in a positive test result.
- ☐ **No**, to the best of my knowledge, none of the medication(s) is known to cause a positive result.
- ☐ **If Both**, list positive test results that could have resulted from medication(s): _____

Comments:

Printed Name

Signed Name

Date

Medication Cross-Reactivity is determined on a case-by-case basis and should not be used as a guideline for all results without the consultation of a Certifying Scientist (CS). The Laboratory cannot comment on non-prescription, vitamin, dietary, or illicit drug use when confirming Positive test results. The Laboratory cannot comment on Immunoassay-Only results without further GC/MS or LC/MS-MS confirmation.