



PASIG CITY DRUG TESTING LABORATORY
5/F Pasig City Hall Bldg. Caruncho Ave. San Nicolas Pasig City
<https://www.pasigcity.gov.ph>
640-0111



DRUG TESTING CONSENT FORM
(DT FORM – PAGE 01)

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

Name: _____
Surname First name Middle name

Address: _____
Number Street Subdivision Barangay City

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

Birthplace: _____
Country Region Province City

Mother's maiden name: _____
Surname First name Middle name

Requesting Company _____

Company address: _____

OR No: _____ Date: _____

ID presented: _____ ID No: _____

Purpose of Drug Test:

- | | | |
|--|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Private | <input type="checkbox"/> Government |
| <input type="checkbox"/> License | <input type="checkbox"/> Drivers | <input type="checkbox"/> Firearm's |
| <input type="checkbox"/> Student | <input type="checkbox"/> Secondary School | <input type="checkbox"/> Tertiary School |
| <input type="checkbox"/> Candidate for Public Office whether appointee or elected | | |
| <input type="checkbox"/> Persons apprehended or arrested for violating the provisions of this Act | | |
| <input type="checkbox"/> Persons charge before the prosecutor's office with criminal offence having
An imposible penalty of imprisonment of not less than six (6) years and one (1) day | | |
| <input type="checkbox"/> 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.

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

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

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

GAMOT _____
 PIRMA _____

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
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 6400111
CUSTODY AND CONTROL FORM
 (DT FORM-PAGE 02 – COPY FOR THE COLLECTION SITE)



SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

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 _____ _____ (PRINT) Collector's Name (First,MI,Last)	Time of Collection _____ AM/PM 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. _____
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) _____ 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



PASIG CITY DRUG TESTING LABORATORY
5/F Pasig City Hall Bldg. Caruncho Ave. San Nicolas Pasig City
6400111



CUSTODY AND CONTROL FORM
(DT FORM-PAGE 03 – COPY FOR THE LABORATORY)

SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's Name:		C. Age:		D. Sex:	
B. Address:					
E. Employers Name and Address:					
F. Type of Specimen		G. Reason for Test			
/ / Urine		/ / Pre-employment		/ / Random / / Reasonable Suspicion/Cause	
/ / Blood		/ / Return to duty		/ / Mandatory / / Post Accident	
/ / Others (specify) _____		/ / 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	_____ AM/PM Time of Collection	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of delivery service transferring specimen to lab
_____ (PRINT) Collector's Name (First,MI,Last)	Date: ____/____/____ Mo Day Yr	
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) ____/____/____

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: ____/____/____ Mo Day Year
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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
 REMARKS _____
 / / Others _____

Signature & Name of Analyst (First, MI, Last) _____ 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



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CUSTODY AND CONTROL FORM
(DT FORM-PAGE 04 – COPY FOR THE DONOR)



SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's Name: _____

B. Address: _____ C. Age: _____ D. Sex: _____

E. Employers Name and Address: _____

F. Type of Specimen _____ G. Reason for Test _____

/ / Urine / / Pre-employment / / Random / / Reasonable Suspicion/Cause
 / / Blood / / Return to duty / / Mandatory / / Post Accident
 / / Others (specify) _____ / / FOLLOW-UP / / Others (specify) _____

H. Drug test 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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_____ AM/PM Signature of Collector Time of Collection _____ (PRINT) Collector's Name (First,MI,Last)	_____ 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.

_____ _____ Date: / /
 Signature of Donor (PRINT) Donor's Name (First, MI, Last) Mo Day Year

Contact No. _____ Date of Birth: / /
 Additional information may be asked from you by the lab particularly on drugs and medication 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
 REMARKS _____ / / Others _____

 Signature & Name of Analyst (First, MI, Last) 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

😊 STEPS TO FOLLOW IN SECURING DRUG TEST 😊

Step 1: Download Drug Testing form

Step 2: Fill up all questions with Smiley 😊

Step 3: Go to 5th flr. Pasig City Hall Health Department, bring form and any 2 VALID ID's WITH PICTURE (Ex. DRIVER'S LICENSE, PASSPORT, VOTER'S ID, NBI, ETC.)

STEP 4: Proceed to VALIDATION and get ORDER OF PAYMENT

STEP 5: Go to CASHIER for payment

😊 DRUG TEST PROCESS 😊

(Go to Window 5, show receipt, Drug Test form and 2 valid ID's)

STEP 1: RECEIVING of form

STEP 2: ACCESSIONING of form

STEP 3: SPECIMEN COLLECTION

STEP 4: ENCODING

STEP 5: RELEASING of result

