



Arkansas Department of Human Services

Division of Children and Family Services

Drug and Alcohol Screen Results

Client's Name _____ CHRIS ID Number _____

Date Drug Screen Administered _____ Time Drug Screen Administered _____

Drug Screen Court Ordered? Yes No

DRUG SCREEN RESULTS

Negative Positive Client refused screen (*refusal of court ordered drug screens will be documented and shared with the court*)

If results are positive, please place a checkmark next to the applicable drug listed below.

AMP		BARB		BZO		BUP		COC		MTD	
METH		OPI		OXY		PCP		THC		K2	
MDMA		PPX		TCA							

Specimen Temp: Normal Abnormal

If abnormal, please comment:

Adulteration noted/Specimen altered: No Yes

Verified Prescription Drugs

Comments:

CHALLENGE INFORMATION

Client Challenged Drug/Alcohol Screen: No Yes

Challenge sent to designated lab.
Date Challenge Sent to Lab via FedEx: _____

Identifier #: _____

Client will secure own challenge screen at another qualified agency.

ALCOHOL SCREEN RESULTS

Negative Positive Client refused screen (*refusal of court ordered drug screens will be documented and shared with court*)

Comments:

CLIENT SIGNATURE: _____

DATE: _____

DCFS STAFF SIGNATURE: _____

DATE: _____

DCFS approved drug and alcohol screens; usage will vary by client need and county:

InCup Drug Screen Kit, ALCO Screen 02 Saliva Screen (Alcohol Screen), K2 Screen, OrdStat & 15-USD-ETG by ABMC (American Bio Medica Corp), Kinderhook, NY

VistaFlow by Intrinsic Interventions, Milan, Ohio (Drug Screen)