URINALYSIS TESTING LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

| Cheft Name PAC18# Wionth/ Year | Client Name | PACTS # | Month/Year |
|--------------------------------|--------------------|---------|------------|
|--------------------------------|--------------------|---------|------------|

| Date Collected | Client's Signature/Initials | Bar Code Number | Special Tests | Medications Taken | Collector's Initials | Test Results/Date Received | Co-Pay Collected |
|-------------------|-----------------------------|--------------------|------------------|----------------------|-------------------------|----------------------------------|---------------------|
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