# SWEAT PATCH TESTING LOG
COMPLETE ONE FORM PER CLIENT PER MONTH
COMPLETE THE FIRST FIVE COLUMNS UPON APPLICATION, AND THE LAST FOUR UPON REMOVAL

**Client Name** _____  **PACTS #** _____  **Month/Year**_____

| Application Date | Client's Signature/Initials | Chain of Custody Bar Code Number | Medications Taken | Collector's Initials | Removal Date | Client's Initials | Collector's Initials | Test Results/Date | Co-Pay Collected |
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| Comments (please note any unusual occurrences): |
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