# URINALYSIS TESTING/BREATHALYZER LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name_____ PACTS# _____ Month/Year_____

## UAs

| Date Collected | Client's Signature | UA Bar Code # | Special Tests | Medications Taken | Collector's Initials | Co-Pay Collected |
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## BAs

| Date Collected | Client's Signature | BAC Results | If refused, write "Refused" | Medications Taken | Collector's Initials | Co-Pay Collected |
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