ProResults Drug & DNA Testing

7801 N. Lamar Blvd. #B159
Austin, TX 78752

512 – 374 – 9977 // OFFICE@ProResultsAustin.com
HOURS: Monday – Friday: 8:30 a.m. – 5:00 p.m.

DSRF = Drug Screen Release Form

Travis County Domestic Relations

TRCDMR – Observed Testing

OBSERVED Drug Testing: **FEMALE:** 8:30 a.m. – 4:30 p.m. // **MALE:** 10:15 a.m. – 5:00 p.m.

** DONOR Must PRESENT a Valid PHOTO ID @ the TIME of TESTING **

Drug test to be completed On or Before: Date: enter text. Time: Female: 4:30pm // Male: 5pm

Drug Tests, Check All that Apply:

URINE:

- ☐ 4 + ETOH
- ☐ 9 + ETOH
- ☐ Expanded 10 Panel w/ **FENTANYL & EtG** **(13 panel)(87736)**
- ☐ 18 + ETOH (Comprehensive Prescription KETAMINE & FENTANYL)
- ☐ 12 w/ Expanded Opiates w/ **KRATOM** (90208)
- ☐ Synthetic THC-K2/Spice
- ☐ Psychoactive Designer Drugs (Prescriptions + Psilocybin+)
- ☐ EtG (No Tolerance Alcohol-80 Hour Alcohol Detection)
- ☐ **OTHER:** Click or tap here to enter text.
- ☐ PEth **Alcohol Blood** Spot (Moderate-To-Heavy Drinking – about 3 weeks)

HAIR: HEAD: 1-90 Days // ☐ BODY HAIR

- ☐ 5 Panel ☐ 10 Panel ☐ 12 Panel (FENTANYL)
- ☐ EtG Alcohol ☐ Psilocin ☐ 14 Panel (TRAMADOL)
- ☐ 17 Panel (KETAMINE & KRATOM)

* SEGMENTED* Head HAIR (3) Tests:

☐ **1-30, 31-60, & 61-90 days - pick a panel**

- ☐ 5 Panel ☐ 10 Panel ☐ 12 Panel
- ☐ EtG Alcohol ☐ 17 Panel

NAIL: FINGER: up to 6-Months

- ☐ 5 Panel ☐ 10 Panel ☐ 14 Panel (FENTANYL)
- ☐ EtG Alcohol ☐ Psilocin ☐ 17 Panel (KETAMINE) (KRATOM)

☐ **MRO** (Medical Review Officer) for Prescription Verification

~If you require a special test not listed, please Email/Call our office & we will assist you ~

DONOR Full Name: Date-of-Birth: _____ SSN: XXX-XX-_____

I CERTIFY THAT THE INFORMATION ABOVE IS VALID AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT THIS INFORMATION WILL ONLY BE USED FOR IDENTIFICATION AND VALIDATION AS IT RELATES TO THE REQUESTED TASK. I HEREBY CONSENT TO HAVE SPECIMEN TAKEN BY PRORESULTS AND I UNDERSTAND THAT IT WILL BE USED FOR DRUG ANALYSIS BY PRORESULTS WITH THE RESULTS OF THE TESTS ON MY SPECIMENT BEING MADE AVAILABLE TO THE BELOW NAMED TRAVIS COUNTY OR THEIR DESIGNEE. I HEREBY RELEASE PRORESULTS AND ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES FROM ANY AND ALL LIABILITY ARISING FROM THE RELEASE OF THE INFORMATION DISCOVERED IN MY TEST(S).

X _____ _____
Signature of Specimen Donor Date

Guardian Ad Litem Information

Name:

Email:

Phone:

Signature: X

Date:

PAYMENT Information:

- ☐ County Pay ALL
- ☐ County Pay HALF
- ☐ CLIENT Pay ALL

(Contract Effective OCT 2024 / version July 2026)