

MEDTOX LABORATORIES
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 42869
CORPORATE MANAGEMENT GROUP
*

Accession #: J0712997
Specimen I.D.: Z22483545
Donor Name/ID: KELLEY, STANTON
SSN: 627-28-0509
Age: Sex:
Reason for test: Pre-Employment

General Information

Date Collected	Date Received	Date Reported
07/23/2012 16:50	07/25/2012	07/25/2012 4:13PM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN			
AMPHETAMINES	NEGATIVE	ng/ml	
BARBITURATES	NEGATIVE	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA (THC) METABOLITE	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
METHAQUALONE	NEGATIVE	ng/ml	
PROPOXYPHENE	NEGATIVE	ng/ml	
CREATININE, URINARY	198.2	mg/dl	> = 20

THE DRUGS IN THIS PROFILE ARE SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT IS CONFIRMED BY GAS CHROMATOGRAPHY WITH MASS SPECTROMETRY (GC/MS). THE FOLLOWING THRESHOLD CONCENTRATIONS ARE USED FOR THIS ANALYSIS:

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
BARBITURATES	300 NG/ML	300 NG/ML
BENZODIAZEPINES	300 NG/ML	300 NG/ML
COCAINE METABOLITE	300 NG/ML	150 NG/ML
OPIATES	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
METHAQUALONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML

ALTERNATE EXPLANATIONS SHOULD BE CONSIDERED FOR ANY POSITIVE RESULT.
ADULTERATION SCREEN - OXIDANTS
NITRITES NEGATIVE mcg/ml < 200

NITRITES ARE SCREENED BY COLORIMETRIC METHODS. NITRITE LEVELS IN EXCESS OF 500 NG/ML ARE CONSIDERED ABNORMAL.

Certified by: JOHN, SHANNON ** FINAL REPORT **

Collected at 5078256166 MEDTOX collection site #481
PIPESTONE COUNTY MED CENTER
PIPESTONE, MN

FOLLOW UP

Circle or = Present or Yes, Absent or No, = Not Done

Face Sheet Reviewed

are Management Flow Sheet

Date: 07/23/12 Time: 4:00 AM PM

Name: Ashley Kelley (M) F

Birth Date: 08/31/87 Race: C B L A O

Allergies

Problem List

Medications

PMFH

Lab Results

Pipstone Medical Group 920 4th St SW Pipestone, MN
Avera 507-825-5700 / 800-322-1155

Bruce W. Kocourek, DO

VITAL SIGNS

Age 24 WT 208 HT. 5'10 TEMP _____ O2 Sat _____

BP (L) 122 (R) 142 PULSE 90 RR _____

OBJECTIVE

12/2

Appearance alert tired NAD neat anxious ill

Distress mild mod severe

BUILD obese average slender

HEENT: eyes WNL EAC's, TM's WNL nose WNL pharynx WNL

NECK: WNL

CHEST: abnl breath sounds

BACK: flank tenderness muscle spasm

ABD: pain rebound guarding

Handwritten notes:
 (R) eye WNL
 (L) eye WNL
 (L) TM - WNL (R) TM - WNL
 NO enlarged lymph nodes
 HEART: RR
 Lungs: WNL clear
 Abno. RTA reflexes bilater
 WNL upper + lower
 EXTENDED
 Good bowel sounds
 on 4 quadrants
 0 HUS, epigastric or
 RLQ pain - 2 LLQ mild

HPI - SUBJECTIVE

4

Chief Complaint / Follow Up for: Pre-Employment Ex

Last visit here: # _____ D W M Ago follow up past due

Condition is: improved stable same unimproved
 worse different

treatment: _____

problems with treatment: none

treated elsewhere new Sx have developed

NO COMPLAINTS.

slight lower back pain.

ASSESSMENT

lower or RLQ pain

Pre-Employment Exam

REVIEW OF SYSTEMS

9/2

GENERAL/CONST

Fever subjective / to _____ began _____ D W M Ago last documented _____

chills / rigor muscle aches

malaise fatigue wt loss

sleep appetite

GI

indigestion abd pain N/V

Stools: normal loose BRB melena change

NO URINARY CLUS.

RESPIRATORY

asthma smoker

bronchitis pneumonia

TB cough SOB wheeze

MUSCULOSKELETAL

joints: sore stiff swollen painful

arthritis Hx

major trauma fracture Hx

LBP CTS neck pain

ENT

frequent URI's

nasal allergies

sinus HA's

nasal / sinus drainage

CARDIAC

chest pain

heaviness

palp

PLAN

Labs, Imaging & Treatments Ordered: _____

Instructions: instructed to call if SX worsen or if new SX develop

cleared for employment.

Handouts: _____

MEDICATIONS

1

Over the Counter: _____

Prescriptions: _____

PAST HISTORY

Similar symptoms in past

Family Hx _____

Physician Signature: [Signature]

FOLLOW UP

F / U or call if not better / well in PLWD W M

Add dictation to note

NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM

222483545



402 W County Rd D
St Paul, MN 55112
(651) 636-7466
(800) 832-8244

STEP 1

To be completed by COLLECTOR

or EMPLOYER REPRESENTATIVE Account # 2-2823

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

LAB ACCESSION NO.

SUPERSTATE MANAGEMENT GROUP
ATTENTION: HR
1000 N. WASHINGTON AVE. 2ND FLOOR
MINNEAPOLIS, MN 55401
PHONE: (612) 338-1000 FAX: (612) 338-1001

Account #

2 2 8 2 3

Donor I.D.

607280509

C. Donor Name (Last, First)

Kelley

Stanton

Donor Daytime Phone

5072152926

D. Reason for Test

- Pre-employment
- Random
- Reasonable Suspicion/Cause
- Return To Duty
- Follow-up
- Post Accident

Other (Specify)

E. Collection Site Name

Pipstone County Medical Center
911 5th Ave SW
Pipstone MN 56554

Collector Phone No.

5078256166

Collector Fax No.

5078256081

F. Test(s) Ordered

Urine (C) Urine (S) Urine (A) Urine (M) Urine (O) Urine (P) Urine (R) Urine (T) Urine (V) Urine (W) Urine (X) Urine (Y) Urine (Z) Urine (AA) Urine (AB) Urine (AC) Urine (AD) Urine (AE) Urine (AF) Urine (AG) Urine (AH) Urine (AI) Urine (AJ) Urine (AK) Urine (AL) Urine (AM) Urine (AN) Urine (AO) Urine (AP) Urine (AQ) Urine (AR) Urine (AS) Urine (AT) Urine (AU) Urine (AV) Urine (AW) Urine (AX) Urine (AY) Urine (AZ) Urine (BA) Urine (BB) Urine (BC) Urine (BD) Urine (BE) Urine (BF) Urine (BG) Urine (BH) Urine (BI) Urine (BJ) Urine (BK) Urine (BL) Urine (BM) Urine (BN) Urine (BO) Urine (BP) Urine (BQ) Urine (BR) Urine (BS) Urine (BT) Urine (BU) Urine (BV) Urine (BW) Urine (BX) Urine (BY) Urine (BZ) Urine (CA) Urine (CB) Urine (CC) Urine (CD) Urine (CE) Urine (CF) Urine (CG) Urine (CH) Urine (CI) Urine (CJ) Urine (CK) Urine (CL) Urine (CM) Urine (CN) Urine (CO) Urine (CP) Urine (CQ) Urine (CR) Urine (CS) Urine (CT) Urine (CU) Urine (CV) Urine (CW) Urine (CX) Urine (CY) Urine (CZ) Urine (DA) Urine (DB) Urine (DC) Urine (DD) Urine (DE) Urine (DF) Urine (DG) Urine (DH) Urine (DI) Urine (DJ) Urine (DK) Urine (DL) Urine (DM) Urine (DN) Urine (DO) Urine (DP) Urine (DQ) Urine (DR) Urine (DS) Urine (DT) Urine (DU) Urine (DV) Urine (DW) Urine (DX) Urine (DY) Urine (DZ) Urine (EA) Urine (EB) Urine (EC) Urine (ED) Urine (EE) Urine (EF) Urine (EG) Urine (EH) Urine (EI) Urine (EJ) Urine (EK) Urine (EL) Urine (EM) Urine (EN) Urine (EO) Urine (EP) Urine (EQ) Urine (ER) Urine (ES) Urine (ET) Urine (EU) Urine (EV) Urine (EW) Urine (EX) Urine (EY) Urine (EZ) Urine (FA) Urine (FB) Urine (FC) Urine (FD) Urine (FE) Urine (FF) Urine (FG) Urine (FH) Urine (FI) Urine (FJ) Urine (FK) Urine (FL) Urine (FM) Urine (FN) Urine (FO) Urine (FP) Urine (FQ) Urine (FR) Urine (FS) Urine (FT) Urine (FU) Urine (FV) Urine (FW) Urine (FX) Urine (FY) Urine (FZ) Urine (GA) Urine (GB) Urine (GC) Urine (GD) Urine (GE) Urine (GF) Urine (GG) Urine (GH) Urine (GI) Urine (GJ) Urine (GK) Urine (GL) Urine (GM) Urine (GN) Urine (GO) Urine (GP) Urine (GQ) Urine (GR) Urine (GS) Urine (GT) Urine (GU) Urine (GV) Urine (GW) Urine (GX) Urine (GY) Urine (GZ) Urine (HA) Urine (HB) Urine (HC) Urine (HD) Urine (HE) Urine (HF) Urine (HG) Urine (HH) Urine (HI) Urine (HJ) Urine (HK) Urine (HL) Urine (HM) Urine (HN) Urine (HO) Urine (HP) Urine (HQ) Urine (HR) Urine (HS) Urine (HT) Urine (HU) Urine (HV) Urine (HW) Urine (HX) Urine (HY) Urine (HZ) Urine (IA) Urine (IB) Urine (IC) Urine (ID) Urine (IE) Urine (IF) Urine (IG) Urine (IH) Urine (II) Urine (IJ) Urine (IK) Urine (IL) Urine (IM) Urine (IN) Urine (IO) Urine (IP) Urine (IQ) Urine (IR) Urine (IS) Urine (IT) Urine (IU) Urine (IV) Urine (IW) Urine (IX) Urine (IY) Urine (IZ) Urine (JA) Urine (JB) Urine (JC) Urine (JD) Urine (JE) Urine (JF) Urine (JG) Urine (JH) Urine (JI) Urine (JJ) Urine (JK) Urine (JL) Urine (JM) Urine (JN) Urine (JO) Urine (JP) Urine (JQ) Urine (JR) Urine (JS) Urine (JT) Urine (JU) Urine (JV) Urine (JW) Urine (JX) Urine (JY) Urine (JZ) Urine (KA) Urine (KB) Urine (KC) Urine (KD) Urine (KE) Urine (KF) Urine (KG) Urine (KH) Urine (KI) Urine (KJ) Urine (KK) Urine (KL) Urine (KM) Urine (KN) Urine (KO) Urine (KP) Urine (KQ) Urine (KR) Urine (KS) Urine (KT) Urine (KU) Urine (KV) Urine (KW) Urine (KX) Urine (KY) Urine (KZ) Urine (LA) Urine (LB) Urine (LC) Urine (LD) Urine (LE) Urine (LF) Urine (LG) Urine (LH) Urine (LI) Urine (LJ) Urine (LK) Urine (LL) Urine (LM) Urine (LN) Urine (LO) Urine (LP) Urine (LQ) Urine (LR) Urine (LS) Urine (LT) Urine (LU) Urine (LV) Urine (LW) Urine (LX) Urine (LY) Urine (LZ) Urine (MA) Urine (MB) Urine (MC) Urine (MD) Urine (ME) Urine (MF) Urine (MG) Urine (MH) Urine (MI) Urine (MJ) Urine (MK) Urine (ML) Urine (MM) Urine (MN) Urine (MO) Urine (MP) Urine (MQ) Urine (MR) Urine (MS) Urine (MT) Urine (MU) Urine (MV) Urine (MW) Urine (MX) Urine (MY) Urine (MZ) Urine (NA) Urine (NB) Urine (NC) Urine (ND) Urine (NE) Urine (NF) Urine (NG) Urine (NH) Urine (NI) Urine (NJ) Urine (NK) Urine (NL) Urine (NM) Urine (NN) Urine (NO) Urine (NP) Urine (NQ) Urine (NR) Urine (NS) Urine (NT) Urine (NU) Urine (NV) Urine (NW) Urine (NX) Urine (NY) Urine (NZ) Urine (OA) Urine (OB) Urine (OC) Urine (OD) Urine (OE) Urine (OF) Urine (OG) Urine (OH) Urine (OI) Urine (OJ) Urine (OK) Urine (OL) Urine (OM) Urine (ON) Urine (OO) Urine (OP) Urine (OQ) Urine (OR) Urine (OS) Urine (OT) Urine (OU) Urine (OV) Urine (OW) Urine (OX) Urine (OY) Urine (OZ) Urine (PA) Urine (PB) Urine (PC) Urine (PD) Urine (PE) Urine (PF) Urine (PG) Urine (PH) Urine (PI) Urine (PJ) Urine (PK) Urine (PL) Urine (PM) Urine (PN) Urine (PO) Urine (PP) Urine (PQ) Urine (PR) Urine (PS) Urine (PT) Urine (PU) Urine (PV) Urine (PW) Urine (PX) Urine (PY) Urine (PZ) Urine (QA) Urine (QB) Urine (QC) Urine (QD) Urine (QE) Urine (QF) Urine (QG) Urine (QH) Urine (QI) Urine (QJ) Urine (QK) Urine (QL) Urine (QM) Urine (QN) Urine (QO) Urine (QP) Urine (QQ) Urine (QR) Urine (QS) Urine (QT) Urine (QU) Urine (QV) Urine (QW) Urine (QX) Urine (QY) Urine (QZ) Urine (RA) Urine (RB) Urine (RC) Urine (RD) Urine (RE) Urine (RF) Urine (RG) Urine (RH) Urine (RI) Urine (RJ) Urine (RK) Urine (RL) Urine (RM) Urine (RN) Urine (RO) Urine (RP) Urine (RQ) Urine (RR) Urine (RS) Urine (RT) Urine (RU) Urine (RV) Urine (RW) Urine (RX) Urine (RY) Urine (RZ) Urine (SA) Urine (SB) Urine (SC) Urine (SD) Urine (SE) Urine (SF) Urine (SG) Urine (SH) Urine (SI) Urine (SJ) Urine (SK) Urine (SL) Urine (SM) Urine (SN) Urine (SO) Urine (SP) Urine (SQ) Urine (SR) Urine (SS) Urine (ST) Urine (SU) Urine (SV) Urine (SW) Urine (SX) Urine (SY) Urine (SZ) Urine (TA) Urine (TB) Urine (TC) Urine (TD) Urine (TE) Urine (TF) Urine (TG) Urine (TH) Urine (TI) Urine (TJ) Urine (TK) Urine (TL) Urine (TM) Urine (TN) Urine (TO) Urine (TP) Urine (TQ) Urine (TR) Urine (TS) Urine (TT) Urine (TU) Urine (TV) Urine (TW) Urine (TX) Urine (TY) Urine (TZ) Urine (UA) Urine (UB) Urine (UC) Urine (UD) Urine (UE) Urine (UF) Urine (UG) Urine (UH) Urine (UI) Urine (UJ) Urine (UK) Urine (UL) Urine (UM) Urine (UN) Urine (UO) Urine (UP) Urine (UQ) Urine (UR) Urine (US) Urine (UT) Urine (UU) Urine (UV) Urine (UW) Urine (UX) Urine (UY) Urine (UZ) Urine (VA) Urine (VB) Urine (VC) Urine (VD) Urine (VE) Urine (VF) Urine (VG) Urine (VH) Urine (VI) Urine (VJ) Urine (VK) Urine (VL) Urine (VM) Urine (VN) Urine (VO) Urine (VP) Urine (VQ) Urine (VR) Urine (VS) Urine (VT) Urine (VU) Urine (VV) Urine (VW) Urine (VX) Urine (VY) Urine (VZ) Urine (WA) Urine (WB) Urine (WC) Urine (WD) Urine (WE) Urine (WF) Urine (WG) Urine (WH) Urine (WI) Urine (WJ) Urine (WK) Urine (WL) Urine (WM) Urine (WN) Urine (WO) Urine (WP) Urine (WQ) Urine (WR) Urine (WS) Urine (WT) Urine (WU) Urine (WV) Urine (WW) Urine (WX) Urine (WY) Urine (WZ) Urine (XA) Urine (XB) Urine (XC) Urine (XD) Urine (XE) Urine (XF) Urine (XG) Urine (XH) Urine (XI) Urine (XJ) Urine (XK) Urine (XL) Urine (XM) Urine (XN) Urine (XO) Urine (XP) Urine (XQ) Urine (XR) Urine (XS) Urine (XT) Urine (XU) Urine (XV) Urine (XW) Urine (XX) Urine (XY) Urine (XZ) Urine (YA) Urine (YB) Urine (YC) Urine (YD) Urine (YE) Urine (YF) Urine (YG) Urine (YH) Urine (YI) Urine (YJ) Urine (YK) Urine (YL) Urine (YM) Urine (YN) Urine (YO) Urine (YP) Urine (YQ) Urine (YR) Urine (YS) Urine (YT) Urine (YU) Urine (YV) Urine (YW) Urine (YX) Urine (YY) Urine (YZ) Urine (ZA) Urine (ZB) Urine (ZC) Urine (ZD) Urine (ZE) Urine (ZF) Urine (ZG) Urine (ZH) Urine (ZI) Urine (ZJ) Urine (ZK) Urine (ZL) Urine (ZM) Urine (ZN) Urine (ZO) Urine (ZP) Urine (ZQ) Urine (ZR) Urine (ZS) Urine (ZT) Urine (ZU) Urine (ZV) Urine (ZW) Urine (ZX) Urine (ZY) Urine (ZZ)

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:

- Split
- Single
- None Provided (Enter Remark)
- Observed (Enter Remark)

14008

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Julia S. Stevens
Signature of Collector

Julia S. Stevens
(PRINT) Collector's Name (First, MI, Last)

Time of Collection

1650

- AM
- PM

Date (Mo./Day/Yr.)

07/23/2012

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

UBS Local Courier

Other

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Stanton M. Kelley
Signature of Donor

Stanton M. Kelley
(PRINT) Donor's Name (First, MI, Last)

7/23/12
Date (Mo./Day/Yr.)

Daytime Phone No. (507) 215 2926

Evening Phone No. ()

Date of Birth 8/31/87
Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

- NEGATIVE
- POSITIVE
- TEST CANCELLED
- DILUTE
- REFUSAL TO TEST BECAUSE:
- ADULTERATED
- SUBSTITUTED

REMARKS

[Signature]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification

- RECONFIRMED
- FAILED TO RECONFIRM - REASON

[Signature]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

722483545



402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244

STEP 1
To be completed by **COLLECTOR**
or **EMPLOYER REPRESENTATIVE**

Account # 42669

A. Employer Name, Address, I.D. No.
CORPORATE MANAGEMENT GROUP
ATTENTINA KROL
12000 N WASHINGTON BLVD STE 290
THORNTON, CO 80241
P: 303-920-1424 F: 303-786-7767

B. MRO Name, Address, Phone and Fax No. LAB ACCESSION NO.

Account # 42669 Donor I.D. 607280509

C. Donor Name (Last, First) Kelley Stanton Donor Daytime Phone 5072152926

D. Reason for Test
 Pre-employment
 Random
 Reasonable Suspicion/Cause
 Return To Duty
 Follow-up
 Post Accident
 Other (Specify) _____

E. Collection Site Name
Pipstone County Medical Center
911 5th Ave SW
Pipstone MN 56164

Collector Phone No. 5078256166 Collector Fax No. 5078256081

F. Test(s) Ordered
 88544
 88534
 88537
 OTHER TEST CODE: _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

14008

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Julie C. Stevens
Signature of Collector
Julie C. Stevens
(PRINT) Collector's Name (First, MI, Last)

Time of Collection 1650 AM PM
Date (Mo./Day/Yr.) 07232012

SPECIMEN BOTTLE(S) RELEASED TO:
Name of Delivery Service Transferring Specimen to Lab
 UPS Local Courier
 Other _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Kelley Stanton
Signature of Donor

Kelley Stanton
(PRINT) Donor's Name (First, MI, Last)

7/23/12
Date (Mo. / Day / Yr.)

Daytime Phone No. (507) 216 2926

Evening Phone No. ()

Date of Birth 8/31/87
Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

- NEGATIVE POSITIVE TEST CANCELLED DILUTE
- REFUSAL TO TEST BECAUSE: ADULTERATED SUBSTITUTED

REMARKS

X _____
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification

- RECONFIRMED FAILED TO RECONFIRM - REASON

X _____
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

722483545



402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244

STEP 1 To be completed by COLLECTOR or EMPLOYER REPRESENTATIVE



Account # 42869

A. Employer Name, Address, I.D. No. CORPORATE MANAGEMENT GROUP
ATTN: TINA KROL
12000 N WASHINGTON ST STE 290
THORNTON, CO 80241
P: 303-920-1425 F: 303-736-7767

B. MRO Name, Address, Phone and Fax No. LAB ACCESSION NO. 14008

Account # 42869 Donor I.D. 607280509

C. Donor Name (Last, First) Kelley Stanton Donor Daytime Phone 5072152926

D. Reason for Test Pre-employment Random Reasonable Suspicion/Cause
 Return To Duty Follow-up Post Accident Other (Specify)

E. Collection Site Name Collector Phone No. 5078256166 Collector Fax No. 5078256081
Pipstone County Medical Center
911 5th Ave SW
Rostock MN 56464

F. Test(s) Ordered 88544 88534 88537 OTHER TEST CODE:
5 PANEL 9 PANEL 10 PANEL

STEP 2: COMPLETED BY COLLECTOR
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector: Julie C. Stevens (PRINT) Collector's Name (First, MI, Last)

Time of Collection: 1650 AM AM PM

Date (Mo./Day/Yr.): 07232012

SPECIMEN BOTTLE(S) RELEASED TO: Name of Delivery Service Transferring Specimen to Lab
 UPS Local Courier Other

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor: Stanton M. Kelley (PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.): 7/23/12

Daytime Phone No. (507) 215 2926 Evening Phone No. () Date of Birth 8/31/87

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN
In accordance with applicable requirements, my determination/verification is:
 NEGATIVE POSITIVE TEST CANCELLED DILUTE
 REFUSAL TO TEST BECAUSE: ADULTERATED SUBSTITUTED

REMARKS

Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN
In accordance with applicable requirements, my determination/verification is:
 RECONFIRMED FAILED TO RECONFIRM - REASON

Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)



Background Report

Subject Name: KELLEY, STANTON	Attn Of: Ernst, Laura
Residence Addr: 724 2ND AVE SW PIPESTONE, MN 56164	Account: ESG001 Employer Solutions Group
Date of Birth: 8/31/1987	Social Security #: 627-28-0509
Requested: 7/30/2012 by Ernst, Laura	Date Completed: 07/30/2012 (DD 2365)
Reference 1: Not provided	Reference 2: Not provided
Work Order #: 30463718	Grade: Pass
Drug Test Code: ESG001	Package Description: Standard Package

For California consumers: This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report. If the consumer seeks to obtain a copy of a report or to review his or her file, we will provide the consumer a written notice in simple, plain English and Spanish of his or her right to receive all disclosures required by California law.

Service Summary

Service	Requested	Completed	Grade
<u>KwikScreen (GiS Criminal Records Database)</u>	7/30/2012 9:11:15 AM	7/30/2012 9:11:19 AM	Pass
Grading Summary			Pass

Admitted Criminal Information [back to top](#)

Applicant Admits to criminal conviction other than traffic violations?	No
Details:	

KwikScreen (GiS Criminal Records Database) [back to top](#)

Pass

No match was found within the Nationwide Database.

You agree that your request for this report is permitted by law and that you intend to use the report only for a purpose permitted by the Fair Credit Reporting Act and local law, and no other purpose. This report is based upon observation and information provided to General Information Services, Inc. (GiS). For the fee charged, GiS does not assume any liability arising out of the use of this report by you or others. You, or any other user of this report, agree to hold GiS harmless from any liability arising from the use of this report.

Email Client Services
 General Information Services, Inc. - P.O. Box 353 - Chapin, SC 29036 - (877) 590-4012
 Published on 7/30/2012 at 9:30:57 AM .

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/06/2012
Page: 1 of 1

Case Verification Number: 2012219164231JN

Case Information:**Employee Information:**

Last Name:	Kelley	First Name:	Stanton
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 0509	Date of Birth:	08/31/1987
Citizenship Status:	A citizen of the United States		

Document Information:

List B Document:	ID card issued by a U.S. federal, state or local government agency	List C Document:	Social Security Card
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	08/06/2012	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8757	Submitted On:	08/06/2012

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By: Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Case Closure:

Closure Statement: _____
Closed By: _____ Closed On: _____

SENSITIVE BUT UNCLASSIFIED