



Specimen Result Certificate

ID Number: 43448153

Report printed on 11/30/2018 11:06:17 AM

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Attention:
Shelby Glasby
CMG - St. Paul Park
404 Broadway Ave.
St. Paul Park, MN 55071

Verification Date 11/25/2018 04:03 PM

Medical Review Officer:
Dr. Stephen Kracht
8140 Ward Parkway Ste 275
Kansas City, MO 64114
888-382-2281

Collection Site:
41277 - MedExpress Urgent Care - Hilltop

Donor Name: Matwos, Ezana
Date Of Test: 11/23/2018

Donor SSN: 477-37-9660
Donor ID: T650256262811
Reason for Test: Pre-employment

ID Number: 43448153
Laboratory: ALERE

Regulation: DOT-FMCSA
Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	50 ng/ml	15 ng/ml	Hydrocod/Hydromorph	Negative	300 ng/ml	100 ng/ml
Cocaine	Negative	150 ng/ml	100 ng/ml	Oxycod/Oxymorph	Negative	100 ng/ml	100 ng/ml
Amphetamines	Negative	500 ng/ml	250 ng/ml	PCP	Negative	25 ng/ml	25 ng/ml
Opiates	Negative	2000 ng/ml	2000 ng/ml	Ecstasy	Negative	500 ng/ml	250 ng/ml
6-Monoacetylmorphine	Negative	10 ng/ml	10 ng/ml				

Final Result Disposition: **Negative**

CCF Record Date and Data Entry Operator : 11/25/2018 MM/DD/YYYY - Dr. Stephen Kracht

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

Negative Positive Test Cancelled Refusal to test because
 Dilute Adulterated Substituted

REMARKS:

Dr. Stephen Kracht

Stephen J. Kracht D.O.

11/25/2018 04:03 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)