



Occupational Medicine and Rehabilitation

HealthONE Occupational Medicine @ Englewood
125 East Hampden Avenue
Englewood, CO 80113
Phone: (303) 788-9292
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Rapid 10 Drug Screen Collection Record

DOC 4/28/16

Donor Name Sonathan Cavalier SS# 6975

Company Name Employer Solutions Data Flex# _____

Test Information: Lot# T0879 Expiration Date 2/17

Test Type: Dip 10 (THC, OPI, COC, M-AMP, METH, MDMA, OXY, PCP, BAR, BZO)

Reason For Test: Post Offer Post Accident Random
 Follow Up Reasonable Cause Other

Temperature of sample within range? (90-100 degrees F) Yes No

Time of Application 11:50 Time of Reading 11:50 (Reading with 4 min)

Results: Negative Non-Negative sent for confirm Donor refuses

Further Testing: YES OR NO YES NO Form Fox: **21792N SAP 10**
Specimen ID# _____ (If yes, Please send a copy to MRO.with log sheet)

I certify that I have conducted the test(s) indicated on this form on the specimen(s) provided by the above named donor. I am qualified to conduct this test and the results are as recorded on this form.

Signature of Collector Carol Anderson Date 4-28-16

I have provided my urine specimen to the collector. I have not adulterated it in any manner.

Signature of Donor [Signature] Date 4/28/16

I understand that I can send out this specimen to a lab for further testing if needed. The cost may be at my own expense.



4/28/2016 5004963065
Date Donor's Initials
(B)