



# Specimen Result Certificate

ID Number: 99622051

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

Verification Date 10/30/2018 01:29 PM

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

Collection Site:  
25518 - Allina Medical Center-Cambridge

Donor Name: Schade, Karen

Donor SSN:

Date Of Test: 10/30/2018

Donor ID: X754261655216

Reason for Test: Pre-employment

ID Number: 99622051

Regulation: Non-DOT

Specimen Type: Urine

## Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	50 ng/ml		Opiates	Negative	2000 ng/ml	
Cocaine	Negative	300 ng/ml		PCP	Negative	25 ng/ml	
Amphetamines	Negative	1000 ng/ml					

Final Result Disposition: **Negative**

### 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

10/30/2018 01:29 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)