



Occupational Medicine and Rehabilitation

HealthONE Occupational Medicine @ Aurora
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Rapid 5 Drug Screen Collection Record

DOC 1-13-16

Donor Name Luis Medina Last 4 digits of SS# 6642

Company Name Corporate Management Group

Test Information: Lot# D05A502019 Expiration Date 2017/01

Test Type: Cup 5 (THC, OPI, COC, M-AMP, PCP)

Reason For Test: [X] Post Offer [ ] Post Accident [ ] Random [ ] Follow-Up [ ] Reasonable Cause [ ] Other

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

Time of Application 15:00 Time of Reading 15:04 (Reading with 4 min)

Results: [X] Negative [ ] Non-Negative sent for confirm [ ] Donor refuses

Further Testing: YES OR NO (NO circled) Form Fox: Panel 45105N SAP 5
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 [Signature] Date 1-13-16

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

Signature of Donor [Signature] Date 1-13-16

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.