



Occupational Medicine and Rehabilitation

HealthONE Occupational Medicine @ North Suburban
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Rapid 5 Drug Screen Collection Record

DOC 6/11/15

Donor Name Manuel Pasillas Last 4 digits of SS# 1179

Company Name Corporate Management Group

Test Information: Lot# DDA-670425 Expiration Date 7/16

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

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 1137 Time of Reading 1140 (Reading with 4 min)

Results: Negative Non-Negative sent for confirm Donor refuses

Further Testing: YES OR NO Form Fox: Panel 45105N SAP 5
Specimen ID# 0130973 (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 6/11/15

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

Signature of Donor [Signature] Date 6/11/15

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.

Revision 10/23/2014

Per Lincoln send to lab for testing 6/11/15 [Signature]