



Drug Screening Test Results

**Company Information:**

Corporate Management Group  
1501 W 124<sup>th</sup> Ave. Suite 500, Westminster Co 80234  
303-920-1425

Name of Collector: Izabeau Nless

**Donor Information:**

Name of Donor: Samantha Espinoza

Reason for testing: Pre-Employment Screening

**Screen Results:**

Date Collected: 9/27/2024

Test	Pass	Fail
Cocaine (COC)	X	
Marijuana (THC)	X	
Opiate (OPI)	X	
Amphetamine (AMP)	X	
Methamphetamine (MET)	X	

**Certification:**

I hereby agree to submit a saliva analysis for the purpose of testing for drug metabolites. The specimen provided is my own and has not been substituted or altered.

[Signature] \_\_\_\_\_ 9/27/24  
Donor Signature Date

[Signature] \_\_\_\_\_ 9/27/24  
Collector Signature Date