TEST RESULTS RECORD

Test Reference Number __MD-56161__ Name of Collector _____

COMPANY INFORMATION

Company Name __Corporate Management Group__

Address __464 Broadway Ave.__ City __St. Paul Park__   Phone __651-6160-3863__ Fax _____

State/Province __MN__ Zip/Postal Code __55071__

DONOR INFORMATION

Last Name __Rooker__   Employee I.D. _____

Type of Identification Provided: ☒ Driver's License ☐ Employee Photo I.D.   First Name __Savon Rooker__

Reason for test: ☒ Pre-employment ☐ Random ☐ Reasonable cause ☐ Post-accident ☐ Other _____   ☐ Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature ___(signature)___   Date / Time __12-21-18__

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature ___(signature)___   Date / Time __12/21/18__   __8:30 p.m.__

Laboratory signature _____   Date / Time received _____

TEST RESULTS

Date/Time Collected _____

Time Interpreted _____

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.
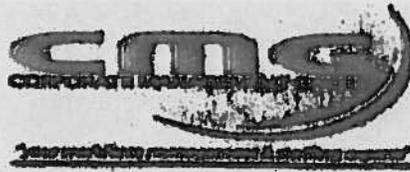
Side of Device

< LAB EXTRACTION PORTS >

Lab extraction ports

Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	☐	☐	☒
Amphetamine	AMP	☒	☐	☐
Buprenorphine	BUP	☐	☒	☐
Benzodiazepine	BZO	☒	☐	☐
Cocaine	COC	☒	☐	☐
EDDP	EDDP	☒	☐	☐
Marijuana	THC	☐	☒	☐
Methadone	MTD	☒	☐	☐
Methamphetamine	MET	☒	☐	☐
Opiates	OPI	☒	☐	☐
Oxycodone	OXY	☒	☐	☐
Phencyclidine	PCP	☒	☐	☐
		☐	☐	☐
		☐	☐	☐

Notes / Comments __Will be taking UA at local facility at University Ave__

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CORPORATE MANAGEMENT GROUP

a a a business management & staffing support

**Drug & Alcohol Testing Consent Form for Applicants
Who Have Received a Conditional Offer of Employment – MRO**

Acknowledgment Receipt

I acknowledge that I have received a job offer from **CORPORATE MANAGEMENT GROUP (CMG)** conditioned upon my submitting to and passing a drug and alcohol test. I have also received, read and understand **CORPORATE MANAGEMENT GROUP's** Policy and Procedure for Drug and Alcohol Testing ("Policy"). I understand that if I am hired I will be employed on an at-will basis and that this Policy does not alter the at-will nature of the employment relationship.

I hereby agree to submit to drug and alcohol testing under the Company's Policy.

I also understand that test results and other information acquired in the drug and alcohol testing process may be disclosed to and discussed with a Medical Review Officer ("MRO"). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Dated: 12-21-18 _____
_____
Employee Signature

Savon Rooker
Employee Name (Printed)

Witnessed by:

Dated: 12/21/18 _____
_____
Witness Signature

Andre Bowden
Witness Name (Printed)