

# TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-646-3833 Fax \_\_\_\_\_  
 Address 464 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55071

## DONOR INFORMATION

Last Name X Schmitt Employee I.D. \_\_\_\_\_  
 First Name X Warren  
 Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_  
 Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  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.

X [Signature]  
 Donor signature

X 1/29/19 2:15pm  
 Date / Time

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.

[Signature]  
 Collector signature

1/29/19  
 Date / Time

\_\_\_\_\_  
 Laboratory signature

\_\_\_\_\_  
 Date / Time received

## TEST RESULTS

Date/Time Collected \_\_\_\_\_

Time Interpreted \_\_\_\_\_

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

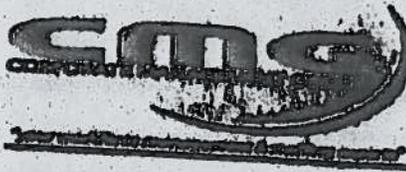
Side of Device



Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments \_\_\_\_\_



**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: 1/29/2019

Warren Schmitt  
Employee Signature

Warren Schmitt  
Employee Name (Printed)

Witnessed by:

Dated: 1/29/19

Andie Borden  
Witness Signature

Andie Borden  
Witness Name (Printed)