

TEST RESULTS RECORD

Test Reference Number MD-S6101 Name of Collector [Signature]

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-666-3883
 Address 404 Broadway Ave City ST. Paul Park State/Province MN Zip/Postal Code 55071

DONOR INFORMATION

Employee I.D. _____
 * Last Name vve * First Name Xiq
 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.

* [Signature] Date / Time 9/9/15
 Donor signature

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] Date / Time 9/9/15 @ 1:46pm
 Collector signature

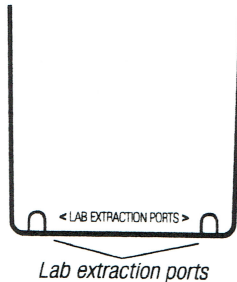
 Laboratory signature Date / Time received

TEST RESULTS

Date/Time Collected 9/9/15 @ 1:46pm
 Time Interpreted 9/9/15 @ 1:56pm

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



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 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 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: 9/10/15

[Signature]
Employee Signature

Xia Vve
Employee Name (Printed)

Witnessed by:

Dated: 9/9/15

[Signature]
Witness Signature

TMB
Witness Name (Printed)