TEST RESULTS RECORD

Test Reference Number MD-S6101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651.644.3883 Fax _____

Address 400 Broadway AVE City St. Paul Park State/Province MN Zip/Postal Code 55071

DONOR INFORMATION

Last Name _____ Employee I.D. _____

First Name _____

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 — 08.07.18 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 — 08/07/2018 Date / Time

Laboratory signature — Date / Time received

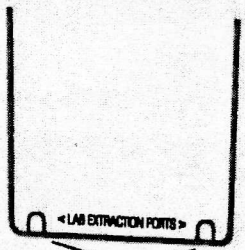
TEST RESULTS

Date/Time Collected _____

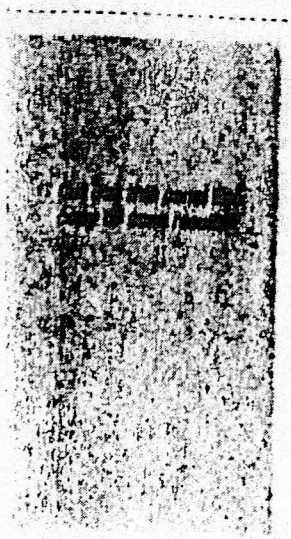
Time Interpreted _____

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

Side of Device



Lab extraction ports



Drug Name	Symbol	Negative	Positive	Not Tested
~~Alcohol~~	ALC		X	
Buprenorphine	BUP	☐	☐	☐
Cocaine	COC	☐	☐	☐
Marijuana	THC	☐	☐	☐
Methamphetamine	MET	☐	☐	☐
Oxycodone	OXY	☐	☐	☐
_____	_____	☐	☐	☐

Notes / Comments _____

_____

_____

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