

## Test Results

**Date Results Transmitted:** 2022-05-19 7:43 AM

**Transmitted By:** JAJ

**Participant/Donor:** Donor Name

**SSN/EID:** ###-##-####

**CCF/Specimen ID:** CC#####

**Specimen Type:** URINE

**Company:** COMPANY NAME

**Location:** LOCATION NAME

**Lab Account Number:** T4C.NON1.#####

**Reason for Test:** PRE-EMPLOYMENT

**Date Specimen Collected:** 2022-05-12

**Laboratory:** Clinical Reference Lab

**Collection Site:** COLLECTION SITE NAME

**Collection Site Phone:** (555) 555-5555

**Program:** NONDOT

**Date MRO Received CCF Copy 2:** 2022-05-17

**Date Test Verified by MRO:** 2022-05-19

**Test Results**

Panel - 10SAP FED(LA)+SVT 30JY	Drug	Results	Screen	Confirm
	6-Acetylmorphine (Heroin)	NEGATIVE	10	
	Amphetamines	NEGATIVE	500	
	Barbiturates	NEGATIVE	300	
	Benzodiazepines	NEGATIVE	300	
	Cocaine	NEGATIVE	150	
	Ext. Opiates	NEGATIVE	300	
	Marijuana	NEGATIVE	50	
	MDA-Analogues	NEGATIVE	500	
	Methadone	NEGATIVE	300	
	Methaqualone	NEGATIVE	300	
	Opiates	NEGATIVE	2000	
	Oxycodones	NEGATIVE	100	
	Phencyclidine (PCP)	NEGATIVE	25	
	Propoxyphene	NEGATIVE	300	

MY DETERMINATION/VERIFICATION IS: **NEGATIVE**

**Certified Medical Review Officer**  
 Janelle Jaworski M.D.

  
 Signature \_\_\_\_\_

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