

## **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: #######

**Reason for Test:** PRE-EMPLOYMENT **Date Specimen Collected:** 2022-05-12

Laboratory: Quest Diagnostics

**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**

<u>)rug</u>	<u>Results</u>	<u>Screen</u>	<u>Confirm</u>
Amphetamines	NEGATIVE	500	250
Barbiturates	NEGATIVE	300	200
Benzodiazepines	NEGATIVE	300	200
Cocaine	NEGATIVE	150	100
Ext. Opiates	NEGATIVE	300	100
<b>1</b> arijuana	NEGATIVE	50	15
IDA-Analogues	NEGATIVE	500	250
Methadone	NEGATIVE	300	200
<b>l</b> ethaqualone	NEGATIVE	300	200
)piates	NEGATIVE	2000	2000
Oxycodones	NEGATIVE	100	100
Phencyclidine (PCP)	NEGATIVE	25	25
Propoxyphene	NEGATIVE	300	200

## MY DETERMINATION/VERIFICATION IS: NEGATIVE

**Certified Medical Review Officer** 

Janelle Jaworski M.D.

Signature ,

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