

LIFE DX  
VERIFY™

AMP AMP  
COC  
MET MET  
OPI OPI  
PCP PCP  
THC THC

Interpret Results

C=Control T=Test  
1007308 Rev A

Neg(-) Pos(+) Invalid

|   |  |  |  |  |
|---|--|--|--|--|
| C |  |  |  |  |
| T |  |  |  |  |

V20230127

10000001358



PATIENT NAME

Andrew  
encoe

D.O.B.

06-10-1985

Date & Time of Collection

10-2-23 10:50

UTAH USA

DRIVER LICENSE



4d DLN **167892095** 4b EXP  
3 DOB **06/10/1985** 4a ISS

1 ENCOE  
2 ANDREW SHANE

8 5442 S 900 E #502  
SALT LAKE CITY, UT 84117

9 CLASS D 9a END NONE  
12 REST A

15 SEX M  
16 HGT 6'-02"  
17 WGT 235 lb  
18 EYES GRN  
19 HAIR BRO

DONOR N

**06/10/85**

5 DD 74462186

Z





LIFE  
VERIFY™

|     |     |     |    |     |     |
|-----|-----|-----|----|-----|-----|
| AMP | COC | MET | OP | PCP | THC |
| MP  | OC  | MT  | PI | CP  | HC  |
|     |     |     |    |     |     |
|     |     |     |    |     |     |
|     |     |     |    |     |     |
|     |     |     |    |     |     |
|     |     |     |    |     |     |
|     |     |     |    |     |     |
|     |     |     |    |     |     |
|     |     |     |    |     |     |

Interpret Results

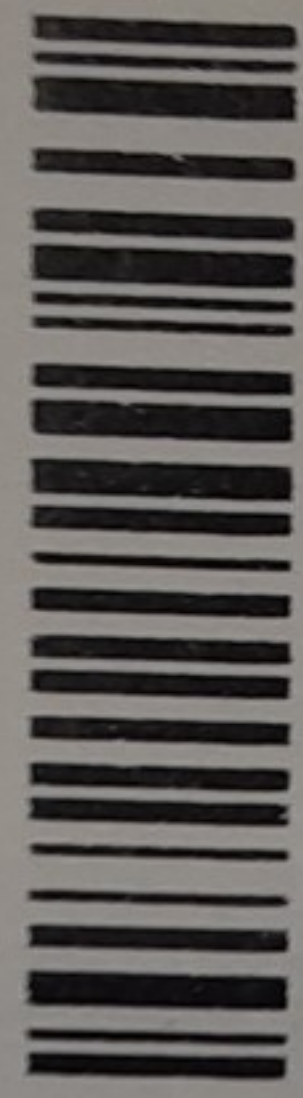
C=Control T=Test

10/13/01 Rev A

|   | Neg(-)                              | Pos(+)                              | Invalid                             |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| C | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| T | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

V20230127

1000001358



PATIENT NAME

Andrew  
encore

D.O.B.

06-10-1985

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