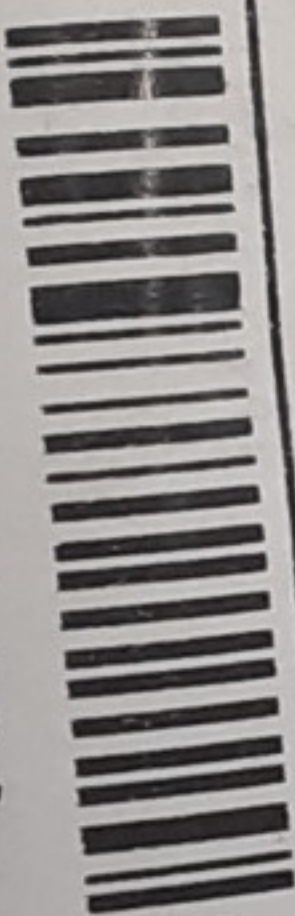


**Interpret Results**  
C=Control T=Test  
100730Mlife Rev A

	Neg(-)	Pos(+)	Invalid
C			
T			

0000000681



V20230127

PATIENT NAME

Oliver Raines

D.O.B.

2/5/02

Date & Time of Collection

6/28/23 1:30pm



DRIVER LICENSE



4d DLN **224922716**  
3 DOB **02/05/2002**  
1 **FUENTES RAINES**  
2 **KEN OLIVER**  
8 3305 WEST HURSTBOURNE DR  
TAYLORSVILLE, UT 84129  
9 CLASS D 9a END NONE  
12 REST A  
15 SEX F  
16 HGT 5'-08"  
17 WGT 160 lb  
18 EYES BRO  
19 HAIR BRO  
5 DD 86021286  
02/05/02  
DONOR N  
4b EXP **02/05/2031**  
4a ISS **01/31/2023**