



AMP  
OC  
MET  
OPI  
PCP

### Interpret Results

C=Control T=Test  
100730Mlife Rev A

Neg(-) Pos(+) Invalid

C	—	—	—
T	—	—	—

V20230127

1000001769



PATIENT NAME

SHAWN  
STEWART

D.O.B.

5/31/1988

Date & Time of Collection

9/25/2023

NEW JERSEY MVC

## AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

DL **S8235 70483 05884** CLASS D

DOB **05-31-1988**

ISS **01-15-2022**

EXP **05-31-2026**

STEWART  
SHAWN THOMAS  
1596 COLUMBUS RD  
BURLINGTON, NJ 08016-3427

END NONE  
RESTR NONE

GENDER **M** HGT **5'-08"** EYES **BLU** ORGAN DONOR  
CM MH202201500000121 U-U- 24.00

