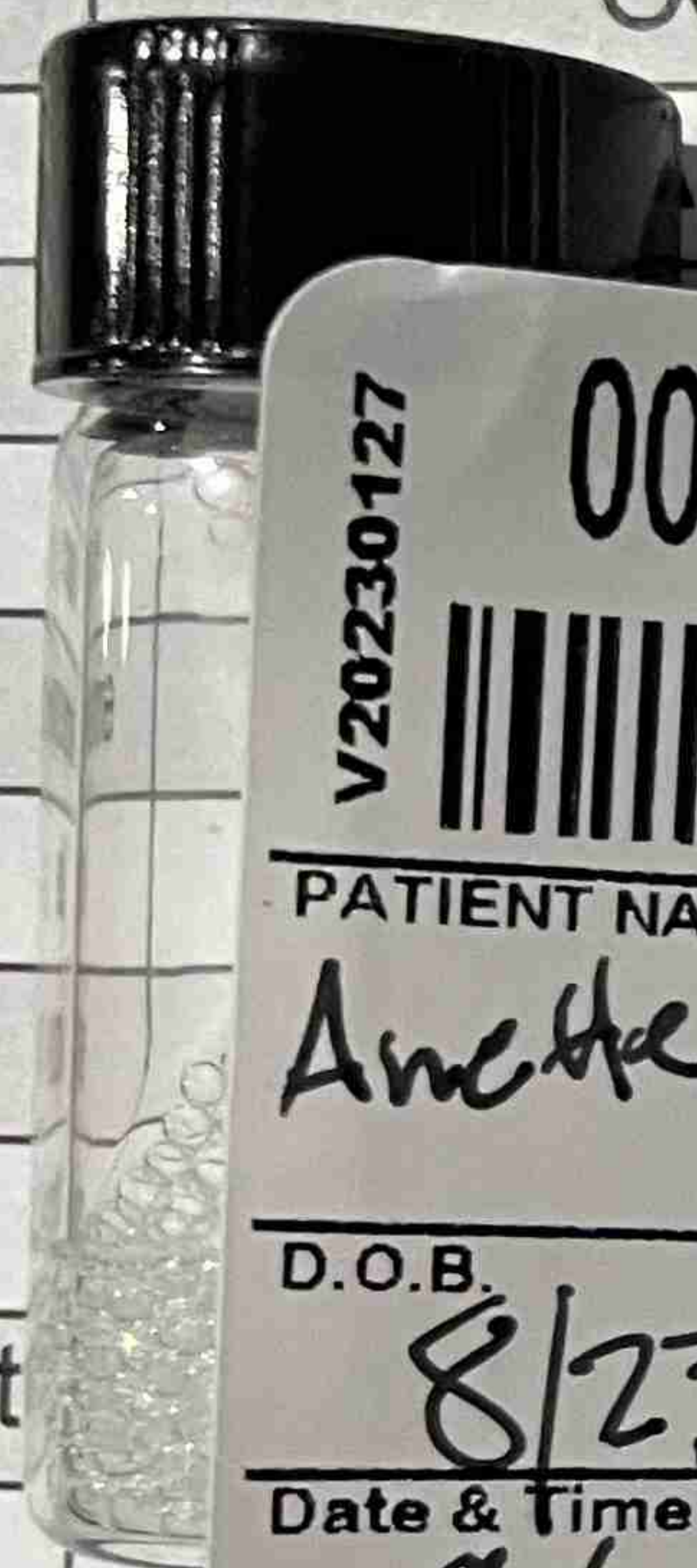


Name	Device Code	Positive	Negative	Not Tested
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alprazolam	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Morphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ecstasy				<input checked="" type="checkbox"/>
Donepezil				<input checked="" type="checkbox"/>
Metamfetamine				<input checked="" type="checkbox"/>
Antidepressants				<input checked="" type="checkbox"/>
Donepezil				<input checked="" type="checkbox"/>
Clonidine				<input checked="" type="checkbox"/>
Depressants				<input checked="" type="checkbox"/>



V20230127 00000000799

PATIENT NAME
Anette Williams Brown

D.O.B.
8/23/1971

Date & Time of Collection
9/15/2023

NEW JERSEY

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

DL **W4365 04365 58712** CLASS **D**

DOB **08-23-1971**

ISS **07-29-2021** EXP **08-23-2025**

WILLIAMS-BROWN
ANETTE E
315 WALNUT AVE
TRENTON, NJ 08609-1531

END NONE
RESTR NONE

GENDER **F** HGT **5'-05"** EYES **BRN**

WV WV202121000001533 REN 24.00



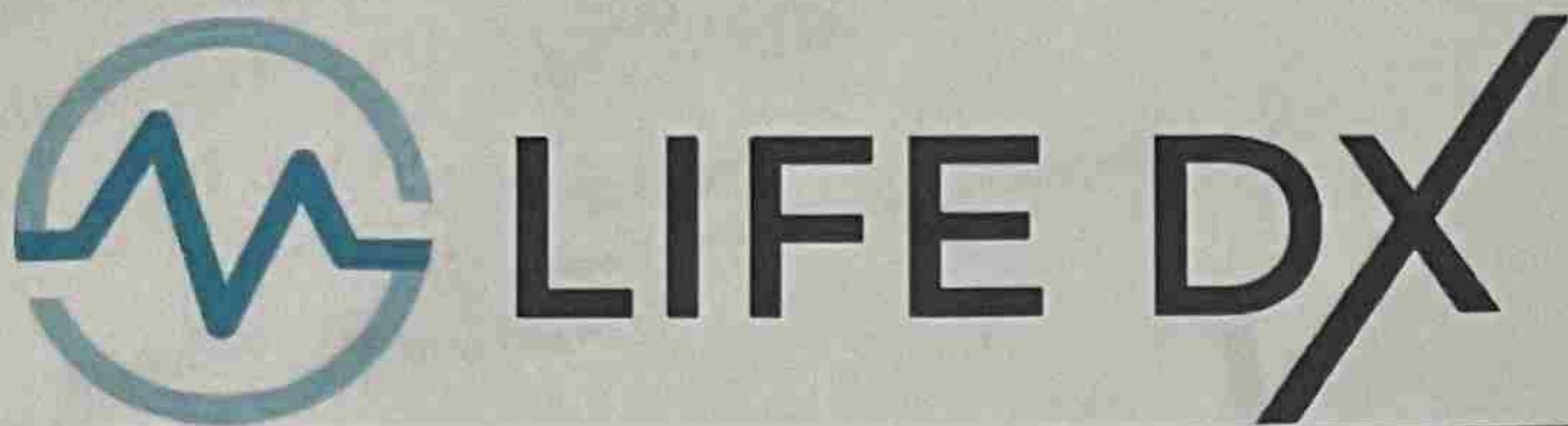




MS Testing-If confirmation testing is required

Confirmation ☒ Confirm Positives Only ☐ Confirm ☐

(833) MLIFEDX 833-654-3339 support@mLifeDX.com



0000000799
V20230127
PATIENT NAME Annette Williams-Brown
D.O.B. 8/23/1971
Date & Time of Collection 9/15/2023

Company Information: (Company giving the test)

Company Name SURF Logistics LLC
Address 915 Bennetts Mills Rd., #1078 City Jackson State NJ Zip 08527
Email mike@surf-logistics.com Phone _____

Collector Information:

Collector's Name Anthony Barnett Phone 732-604-4443
Email gm@surf-logistics.com

Donor Information: (Person being tested)

Donor's Name Anette Williams-Brown Last 4 Digits of SSN 146-60-1628
Address 315 Walnut Avenue City Trenton State NJ Zip 08609
DOB 8/23/71 Phone 609-477-4296 Email nettie0315@gmail.com

Certification Information: (Signatures of both parties required)

I hereby certify that the specimen provided is my own and is fresh and has not been substituted or adulterated in any manner. I also certify that the information provided on this form is complete and correct. I agree and grant permission for the testing of my specimen for drugs, drug metabolites, alcohol and/or other substances, and, if testing is being done pursuant to an agreement or other arrangement that I have with an organization such as an employer or potential employer, I agree that my results may be disclosed on a confidential basis to that organization.

Donor Signature [Signature] Date 9/15/23
I hereby certify that the specimen was given to me by the aforementioned donor and that it was not substituted or adulterated to the best of my knowledge. To the best of my ability, I observed no conditions with the specimen such as temperature, color, volume or packaging for transport that would indicate that the specimen would be unacceptable for testing.

Collector Signature [Signature] Date 9/15/23

Initial Screen Results: (If applicable, to be completed by screening personnel)

Drug Name	Device Code	Positive	Negative	Not Tested
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethanol (Alcohol)	ALC	<input type="checkbox"/>	LEVEL _____	<input checked="" type="checkbox"/>
MDMA (Ecstasy)	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tricyclic Antidepressant	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
THC	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LC-MS/GS-MS Testing- If confirmation testing is required, please circle the appropriate tests below:

Full Analyte Confirmation ☒ Confirm Positives Only ☐ Confirm _____ ☐

Other _____

(833) MLIFEDX 833-654-3339 support@mLifeDX.com

V20230221