



| AMP MP | COC COC | MET MET | OP OP | PCP PCP | THC THC |
|-----------|------------|------------|----------|------------|------------|
| | | | | | |

Interpret Results

C=Control T=Test

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

V20230127

1000001350



PATIENT NAME

Janet Hernandez

D.O.B.

1-4-98

Date & Time of Collection

10-3-23 10:30am

Janet Hernandez



DRIVER LICENSE

DRIVER LICENSE



231620313

01/04/98

HERNANDEZ
JANET SANDOVAL

EXP. 01/04/2024

DOB 01/04/1998

SEX F

HT 5'00"

WT 110 lb

DOB 01/04/1998

01/04/98





LIFE DX
VERIFY™

AMP

COC

MET

OP

PCP

THC

Interpret Results

C=Control T=Test

100730Mide Res A

Neg(+) Pos(-) Invalid

| | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| C | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| T | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

V50330137
1000001350



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Janet Hernandez

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1-4-98

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