

 **LIFE DX**
VERIFY™

AMP
COC
MET
OPI
PCP

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

Neg(-) Pos(+) Invalid
C ☒ ☒ ☒
T ☒ ☒ ☒

0000000608

V20230127

PATIENT NAME

Alicia Adams

D.O.B.

02/02/1971

Date & Time of Collection

7:25:23 10:52u

NEW JERSEY Motor Vehicle Commission
AUTO DRIVER LICENSE


Chief Administrator



DL **A1791 02364 52712** CLASS **D**
DOB **02-02-1971**
ISS **06-10-2020** EXP **02-02-2024**

ADAMS
ALICIA D
109B WILLOW TURN
MOUNT LAUREL, NJ 08054-3142
END **NONE**
RESTR **NONE**

SEX **F** HGT **5'-03"** EYES **BRN**
RP **RP202016272025201**

REN **24.00** ORGAN DONOR