

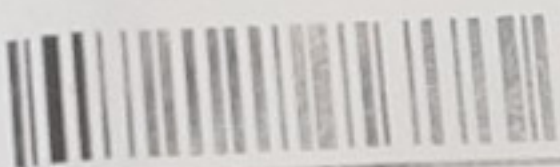


Interpret Results
C=Control T=Test
100730Mife Rev A

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

V202230127

1000001371



PATIENT NAME

Reilyn Olsen

D.O.B.

10/5/00

Date & Time of Collection

9-29-23 2:30pm



DRIVER LICENSE



4d DLN 219232485
3 DOB 10/05/2000
1 OLSEN
2 REILYNN RUYSCHE
8 11556 MAPLE HOLLOW CT
HIGHLAND, UT 84003
9 CLASS D 9a END NONE
12 REST A
15 SEX F
16 HGT 6'-02"
17 WGT 220 lb
18 EYES BLU
19 HAIR BRO
5 DD 82274836

DONOR Y

10/05/00

4b EXP 10/05/2030
4a ISS 07/22/2022

