

	Device Code	Positive	Negative	Not Tested
Name	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
tamine	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
urates	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
azepine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
orphine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
aine	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ecstasy)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
done		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
etamine		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
tes		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
done		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
lidine		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
depressant		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MS Testing-If confirmation testing is re Confirmation <input checked="" type="checkbox"/>	Confirm Positives Only <input type="checkbox"/>	Confirm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V20230127
 000000799

 PATIENT NAME: Anette Williams Brown
 D.O.B.: 8/23/1971
 Date & Time of Collection: 9/15/2023

NEW JERSEY NJMVC
AUTO DRIVER LICENSE
 NOT FOR "REAL ID" PURPOSES
 Chief Administrator
 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

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



ORIGIN ID: PR
ANTHONY BA
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INV:
PO:

ONLY • PAP

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 Barrett Phone 732-604-7443
Email gm@surf-1gistics.com

Donor Information: (Person being tested)

Donor's Name Annette 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 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 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

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