

**LIFE DX**  
**VERIFY™**

AMP MP ME MEI OPI PCP TMC TH

10000001013

V20230427

PATIENT NAME Raheem Amos

DOB 04/19/2002

Date & Time of Collection 7/27/2023

Interpret Results  
 C=Control T=Test  
 T=Test

Interpret Results  
 Neg/Pos/Inv  
 C=Control T=Test  
 T=Test

I have read the Company's drug and alcohol testing program, and have been informed of the consequences of a positive test result.

Raheem Amos  
 Employee Signature

[Signature]  
 Witness

**California** USA

**DRIVER LICENSE**



DL **Y9347765**  
 EXP **04/19/2027**  
 POR **04/19/2002**  
 AGE 21 BY 2023

CLASS C  
 END NONE  
 RSTR NONE

04192002

LN AMOS  
 FN RAHEEM RASHEED  
 1414 COOLIDGE DR  
 WOODLAND, CA 95776

SEX M  
 HAIR BLK EYES BLK  
 HGT 6'-00" WGT 160 lb

ISS 06/27/2022  
 DD 06/09/2022 56120/09FD/27

alcohol Testing Authorization Form. I acknowledge my responsibility to ask questions about its drug and alcohol testing policy on drug and alcohol testing, and that

[Signature]  
 Employee Signature

[Signature]  
 Witness Signature