

NEGATIVE RESULT

<p><u>Company Information</u></p> <p>OURLAND EXPRESS INC SANTAFE HEALTH CLINIC</p> <p>Phone: Protocol: LAB: Phamatech () Account Number: OL071219</p>	<p>TEST(S)</p> <p>DOT DOT</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th><u>Screen Cutoff</u></th> <th><u>Confirm Cutoff</u></th> </tr> </thead> <tbody> <tr> <td>Negative</td> <td>MARIJUANA METABOLITE</td> <td>50 ng/mL</td> <td>15 ng/mL</td> </tr> <tr> <td>Negative</td> <td>6-ACETYLMORPHINE</td> <td>10 ng/mL</td> <td>10 ng/mL</td> </tr> <tr> <td>Negative</td> <td>AMPHETAMINE/METHAMPHETAMINE</td> <td>500 ng/mL</td> <td>250 ng/mL</td> </tr> <tr> <td>Negative</td> <td>COCAINE METABOLITE</td> <td>150 ng/mL</td> <td>100 ng/mL</td> </tr> <tr> <td>Negative</td> <td>CODEINE/MORPHINE</td> <td>2000 ng/mL</td> <td>2000 ng/mL</td> </tr> <tr> <td>Negative</td> <td>HYDROCODONE/HYDROMORPHONE</td> <td>300 ng/mL</td> <td>100 ng/mL</td> </tr> <tr> <td>Negative</td> <td>MDMA/MDA</td> <td>500 ng/mL</td> <td>250 ng/mL</td> </tr> <tr> <td>Negative</td> <td>OXYCODONE/OXYMORPHONE</td> <td>100 ng/mL</td> <td>100 ng/mL</td> </tr> <tr> <td>Negative</td> <td>PHENCYCLIDINE</td> <td>25 ng/mL</td> <td>25 ng/mL</td> </tr> <tr> <td></td> <td>VALIDITY CREATININE/SPGR</td> <td></td> <td></td> </tr> <tr> <td></td> <td>VALIDITY OXIDANT</td> <td></td> <td></td> </tr> <tr> <td></td> <td>VALIDITY PH</td> <td></td> <td></td> </tr> </tbody> </table>			<u>Screen Cutoff</u>	<u>Confirm Cutoff</u>	Negative	MARIJUANA METABOLITE	50 ng/mL	15 ng/mL	Negative	6-ACETYLMORPHINE	10 ng/mL	10 ng/mL	Negative	AMPHETAMINE/METHAMPHETAMINE	500 ng/mL	250 ng/mL	Negative	COCAINE METABOLITE	150 ng/mL	100 ng/mL	Negative	CODEINE/MORPHINE	2000 ng/mL	2000 ng/mL	Negative	HYDROCODONE/HYDROMORPHONE	300 ng/mL	100 ng/mL	Negative	MDMA/MDA	500 ng/mL	250 ng/mL	Negative	OXYCODONE/OXYMORPHONE	100 ng/mL	100 ng/mL	Negative	PHENCYCLIDINE	25 ng/mL	25 ng/mL		VALIDITY CREATININE/SPGR				VALIDITY OXIDANT				VALIDITY PH		
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<p><u>Donor Information</u></p> <p>Name: WEI,RUI SSN/ID: XXX-XX- Spec #: 1001181889 Accession #: 11179574 Alt ID: CA-Y7007933</p>																																																					
<p><u>Test Information</u></p> <p>Test Reason: Pre-Employment Mode: FMCSA Date of Collection: 6/1/20 Recv'd CCF: 6/2/20 MRO Verified/Sent: 6/4/20 Re-Print Date: 7/9/21 Spec Type: Urine Clin Info:</p>																																																					
<p><u>Collection Site Information</u></p> <p>2132686108 HUNG LAI</p>																																																					

ID: CA-Y7007933;THIS SPECIMEN HAS BEEN TESTED IN ACCORDANCE WITH APPLICABLE FEDERAL REQUIREMENTS. THIS PANEL INCLUDES TESTS FOR SPECIMEN VALIDITY.



Dana Carasig, MD-MRO

546 Franklin Ave.Massapequa NY 11758
(800) 526-9341

This controlled substance test result has been received by a certified Medical Review Officer and is hereby released to the above named employer in accordance with CFR 49 part 40. Please retain this document in a confidential manner.

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