

## **SOS Details**

| SUMMARY OF SERVICE  |                      |                  | Mobile       | <b>Mobile Connekt New</b>          |  | T: 1234123444   |  |
|---|----------------------|------------------|--------------|------------------------------------|--|-----------------|--|
| Strictly Co   | onfidential          |                  |              |                                    | Address: Noble Park, 1234, QLD, QLD, Australia |                 |  |
|   |                      |                  |              |                                    | ABN: 12341231112                               |                 |  |
|   |                      |                  |              |                                    | Email: fawadmobileconn                         | ekt@hotmail.com |  |
| Client Code: 403-01-0001  |                      | Requesting Clien | : Client One |                                    | Date: 02/04/2017                               |                 |  |
| Site Locatio  | n: Site test         |                  |              |                                    | •  |                 |  |
| Alcohol, Ur   | ine AS/NZA 4308:2001 |                  |              |                                    |  |                 |  |
| Service Con   | nmenced: 2 : 2 AM    |                  | Service Cond | Service Concluded: 9:9 PM          |  |                 |  |
| #   | Donor Name           | Result*          | Drug         | Alcohol**                          |  | Lab             |  |
| 1   | Test                 | N                | N/A          | N, Reading One:<br>N, Reading Two: | _  |                 |  |
| * P = Positive, result requiring further testing N = Negative<br>** P = Positive N = Negative |                      | Urine            | Oral         | Total No Alcoho                    | Total No Alcohol Screen                        |                 |  |
| Total Donor Screenings/Collections  |                      | 1                |              | Negative Alcoho                    | Negative Alcohol                               |                 |  |
| Negative Results  |                      | 1                |              | Positive Alcohol                   | Positive Alcohol 1                             |                 |  |
|   |                      |                  |              |                                    |  |                 |  |

| Results Requiring Further Testing   | 1             |               | Refusals, No Shows | s or Other             | 8 |  |  |  |  |  |
|---|---------------|---------------|--------------------|------------------------|---|--|--|--|--|--|
| Device Name: F  | Extra Used: H | Extra Used: H |                    | Breath Testing Unit: B |   |  |  |  |  |  |
| I've conducted the alcohol and/or drug screening/collection service detailed above and confirm that all procedures were undertaken in accordance with the relevant Standard. Collector Signature: |               |               |                    |                        |   |  |  |  |  |  |
| Comments or Observation: F  |               |               |                    |                        |   |  |  |  |  |  |
| Products Used   |               |               |                    |                        |   |  |  |  |  |  |
| Products Name   | Quantity      | Quantity      |                    |                        |   |  |  |  |  |  |
| First Sign DOA urine test   | 38            |               |                    |                        |   |  |  |  |  |  |
| Mini Urine cup  |               | 49            |                    |                        |   |  |  |  |  |  |
| Nominated Client Representative: D  |               | Signature:    | R                  | Time: 5 : 8 AN         | ſ |  |  |  |  |  |