



## SOS Details

| <b>SUMMARY OF SERVICE</b><br><br><i>Strictly Confidential</i> |            | <b>Pras Franch</b> |                             | T: 8392039293                                    |     |
|---|------------|--------------------|-----------------------------|--|-----|
|   |            |                    |                             | Address: aisgd auhfd, 2298, wdsd, VIC, Australia |     |
|   |            |                    |                             | ABN: 54566331289                                 |     |
|   |            |                    |                             | Email: prashant@whiz-solutions.com               |     |
| Requesting Client: Pras Whiz                                  |            |                    |                             | Date: 12/04/2017                                 |     |
| Site Location: Whiz Site                                      |            |                    |                             |  |     |
| Oral Fluid AS 4760:2006, AS/NZA 4308:2008                     |            |                    |                             |  |     |
| Service Commenced: 7 : 7 PM                                   |            |                    | Service Concluded: 8 : 6 PM |  |     |
| #   | Donor Name | Result*            | Drug                        | Alcohol**  | Lab |
| 1   | veras      | P                  | Ice Marijuana               | Reading One:N/A<br>Reading Two:N/A               | Y   |
| 2   | edrf       | N                  | N/A                         | Reading One:N/A<br>Reading Two:N/A               | N   |
| 3   | nbhg       | P                  | N/A                         | Reading One:5<br>Reading Two:6                   | Y   |
| * U = Result requiring further testing N = Negative           |            | Urine              | Oral                        | Total No Alcohol Screen                          | 7   |

|  |                    |  |                              |    |
|--|--------------------|--|------------------------------|----|
| ** P = Positive N = Negative   |                    |  |                              |    |
| Total Donor Screenings/Collections   | 7                  | 7  | Negative Alcohol             | 9  |
| Negative Results   | 8                  | 7  | Positive Alcohol             | 10 |
| Results Requiring Further Testing  | 8                  | 8  | Refusals, No Shows or Other  | 15 |
| Device Name: dfewswe   | Extra Used: sdfgsd |  | Breath Testing Unit: dfgsdfa |    |
| <p>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. <b>Collector Signature:</b></p> <p style="text-align: center;"></p> |                    |  |                              |    |
| Comments or Observation: dfsasd  |                    |  |                              |    |
| Nominated Client Representative: dfesf   |                    | Signature:  | Time: 7 : 17 PM              |    |