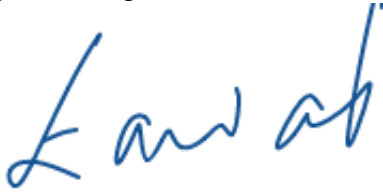



## SOS Details

<b>SUMMARY OF SERVICE</b>  <i>Strictly Confidential</i>		<b>Drug CF</b>		T: 2134123412	
				Address: asd, 1233, adas, VIC, Australia	
				ABN: 12321321321	
				Email: w_nassif@hotmail.com	
Requesting Client: Ano cc				Date: 10/03/2017	
Site Location: site one					
Alcohol, Oral Fluid AS 4760:2006					
Service Commenced: 2 : 59 PM			Service Concluded: 05 : 03 PM		
#	Donor Name	Result*	Drug	Alcohol**	Lab
1	John pos d	P	Ice	Reading One:N/A Reading Two:N/A	Y
2	John neg	N	N/A	Reading One:N/A Reading Two:N/A	N
3	Peter pos a	P	N/A	Reading One:5 Reading Two:6	Y
4	Peter pos d a	P	Ice Marijuana	Reading One:0.5 Reading Two:0.6	Y

* U = Result requiring further testing ** P = Positive N = Negative	Urine	Oral	Total No Alcohol Screen	4
Total Donor Screenings/Collections	4	4	Negative Alcohol	2
Negative Results	2	2	Positive Alcohol	2
Results Requiring Further Testing	2	2	Refusals, No Shows or Other	0
Device Name: Urine cup	Extra Used: Extraa none		Breath Testing Unit: Not sure	
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> 				
Comments or Observation: Gwjwj				
Nominated Client Representative: Daniel		Signature: 	Time: 11 : 25 PM	