



## SOS Details

<b>SUMMARY OF SERVICE</b>  <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 Reading Two:N/A	Y
2	edrf	N	N/A	Reading One:N/A Reading Two:N/A	N
3	nbhg	P	N/A	Reading One:5 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	