@screen Specimen Result Certificate

ID Number: 7907597521		Report printed	on 4/1/2021 6:48:43 AM		Page 1 of 1
Attention: SSA LOWES Oakland, 7000 Lowes Drive	9	Verification M	n Date 3/30/2 er:	021 08:14 AM	
Oakland, MD 215 Collection Site: 49975 - In-Store (8 K 888	Ste 275		
Donor Name: Date Of Test: ID Number:	Guthrie, Dustin 3/17/2021 7907597521		Donor SSN: Donor ID: Reason for Test:	XXX-XX-6989 Pre-employme	nt
Laboratory:	ALERE	ψ.	Regulation: Specimen Type:	Non-DOT Oral Fluid	
Drugs Tested:					
ā					
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Final Result Disposition: Positive					
-					
TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER					
		by this form in accordance with applicable Federal re-	quirements. My determination/ver	ification is:	
Negative Dilute	✓ Positive	Test Cancelled	Refus	Sal to test because	
REMARKS:	Amended/Donor Interview Donor claims MD medical	ved 03/30/2021 I marijuana usage	4278	Ar tia l	***************************************
Dr. Kirk Roberts, M.D.		fla Blan	3/30/2021 08:14 AM		
(PRINT) Medical Review Officer's Name Signature of Medical Review Officer Date (Mo./Day/Yr.)					-