

II



DEPARTMENT OF HEALTH
HQA BIOLAB AND DIAGNOSTIC CLINIC
P. INOCENTES ST, SANTISSIMO ROSARIO POB. (SANTO ROSA), NAVAL (CAPITAL),
BILIRAN 6560
Phone Number (053) 500-3095

DRUG TEST REPORT

RK902692
55

CCF No: 202506030010
Name: AGCANG, JHONNY LASCAÑAS
Birthdate: 01/26/1992 Age: 33 Gender: M

Transaction Date Time: 6/3/2025 1:38:00PM
Report Date Time: 6/3/2025 1:40:00PM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
MELAN LENDING CORP.

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

Approved By

86

MERRY CHRISTINE MAGNO BELO

Analyst

DR. MA. CECILIA D SAMOSA

68

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



HQA BIOLAB AND DIAGNOSTIC CLINIC
Ground Floor Alagao Building
Castin St., Brgy. Smo. Rosario, Naval, Biliran
(053) 500-3095/09317291508
hqabiolab2015@gmail.com

CUSTODY AND CONTROL FORM
 (Form DT-002A - COPY FOR THE DONOR)

SPECIMEN ID NO.:

LAB ACCESSION NO.

HQA-2025-

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Name: <u>AGCANG, JHONNY LASCANAS</u>		B. Address: <u>BRGY. LIPTONG NAVAL BILIRAN</u>		C. Age: <u>33</u>	D. Sex: <u>MALE</u>
E. Employer Name and Address:		G. Reason for Test:			
F. Type of Specimen		<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Blood <input type="checkbox"/> Return-to-Duty <input type="checkbox"/> Mandatory <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Follow-up <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Post-accident <input type="checkbox"/> Others (specify) _____			
H. Drug test to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & MET Only <input type="checkbox"/> Others (specify) _____					

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 32°C and 38°C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Collection: <input checked="" type="checkbox"/> Observed <input type="checkbox"/> Unobserved Specimen Sampling: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Split Specimen Volume: <u>60</u> ml Physical Appearance: Color: <u>clear</u>	Other Observation (Enter Remark)
REMARKS		

STEP 3 Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.

STEP 4 CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.		SPECIMEN BOTTLE (S) RELEASED TO:	
X _____ Signature of Collector	<u>11:08</u> AM/PM Time of Collection <u>6/25/25</u> Date (mm/dd/yy)	Name of delivery Service Transferring Specimen to Lab.	
MARIETA A. DANO/LOUBELLY R. LUMAPAK RECEIVED AT LAB.:	STATUS OF THE SPECIMEN (a) Seal intact: <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Transport device: (c) Description:		SPECIMEN BOTTLE (S) RELEASED TO:
X _____ Signature of Accessioner	Date (mm/dd/yy)		Signature of Receiving Person
MARIETA A. DANO/LOUBELLY R. LUMAPAK	Date (mm/dd/yy)		(PRINT) Name (First, MI, Last) Date (mm/dd/yy)

STEP 5 COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information on this form on the bottle is correct.		Additional information may be asked from you by the laboratory particularly on drug and medications.	
X _____ Signature of Donor	<u>JHONNY L. AGCANG</u> (PRINT) Donor's Name (First, MI, Last)	<u>04/03/25</u> Date (mm/dd/yy)	
Contact No.: <u>09537389766</u>		<u>01/26/1992</u> Date of Birth: (mm/dd/yy)	

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:		REFUSAL TO TEST BECAUSE	
<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> TEST CANCELLED	<input type="checkbox"/> DILUTED <input type="checkbox"/> SUBSTITUTED		
REMARKS:		<input type="checkbox"/> ADULTERATED <input type="checkbox"/> Others (specify) _____	
MERRY CHRISTINE M. BELO, RMT, LIC. NO: 0126634 (PRINT) NAME & SIGNATURE of ANALYST		Ma. Cecilia D. Samosa, MD, DPSP Last) Date (mm/dd/yy)	

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

<input type="checkbox"/> CONFIRMED FOR:	<input type="checkbox"/> FAILED TO CONFIRM - REASON:
<input type="checkbox"/> THC <input type="checkbox"/> MET <input type="checkbox"/> Others (specify) _____	
X _____ (PRINT) Signature & Name of Analyst (First, MI, Last)	_____ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last)
	Date (mm/dd/yy)

STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:	
<input type="checkbox"/> RECONFIRMED FOR:	<input type="checkbox"/> FAILED TO RECONFIRM - REASON:
<input type="checkbox"/> THC <input type="checkbox"/> MET <input type="checkbox"/> Others (specify) _____	
X _____ (PRINT) Signature & Name of Analyst (First, MI, Last)	_____ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last)
	Date (mm/dd/yy)

1. Form DT-002A-Copy for the Donor
2. Form DT-002B-Copy for the Collection Site
3. Form DT-002C-Copy for the Laboratory
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)



Republic of the Philippines
NATIONAL POLICE COMMISSION
PHILIPPINE NATIONAL POLICE
Camp BGen Rafael T Crame, Quezon City

NATIONAL POLICE CLEARANCE

THIS IS TO CERTIFY that the person whose name, photo, signature and right thumbmark appearing herein, has undergone record verification through the Crime-Related Databases with the following result/s:

NAME : JHONNY LASCAÑAS AGCANG
ADDRESS : 00 LIBTONG NAVAL (CAPITAL) BILIRAN

BIRTH DATE : January 26, 1992
BIRTH PLACE : ORMOC CITY, LEYTE
CITIZENSHIP : FILIPINO
GENDER : MALE



PICTURE

DATE ISSUED: June 02, 2025

VALID UNTIL: December 02, 2025

SIGNATURE

THUMBMARK



Q.R. CODE

Transaction number:
TRAXA420250602021921

NOTE: To verify the authenticity of this Police Clearance, please visit
<https://pnpclearance.ph/> or use Q.R. code scanner

PBGEN MATTHEW P BACCAY

TDIDM

NO RECORD ON FILE



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NATIONAL POLICE COMMISSION
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PBGEN MATTHEW P BACCAY

TDIDM

NO RECORD ON FILE



Naval Doctors Healthcare Service, Inc.

OLIVER MEDICAL – SURGICAL CLINIC

457 NL Limpiado Bldg., Vicentillo St., Brgy. Smo. Rosario, Naval, Biliran Tel.
No. (053) 507-8203 / 09064206087; Email: ndhsi2015@gmail.com

DEPARTMENT OF RADIOLOGY

Occupation - Collector

HCH 783

Date: 03-JUNE-2025

Name: AGCANG, JOHNNY

Age: 33

Sex: M

Case#: 25-2633

Requesting Physician: OPD

CHEST PA

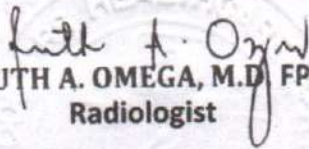
Radiological Report

Both lungs are clear. The trachea is centered on the midline. The cardiac shadow is not enlarged. Pulmonary vasculature and mediastinal structures are within normal limits. Hemidiaphragm and costophrenic sulci are intact bilaterally. The soft tissue and visualized osseous structures are unremarkable.

IMPRESSIONS:

UNREMARKABLE CARDIOPULMONARY FINDINGS


JOBELLE B. VARONA, RRT
Radiologic Technologist


RUTH A. OMEGA, M.D. FPCR
Radiologist

Note: The above described results are based on radiologic finding and should be correlated with clinical findings and other ancillary procedures.



REPUBLIC OF THE PHILIPPINES
Province of Biliran
Municipality of Naval
Barangay Libtong



BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that, Jhonny L. Agcang of legal age, male, married, Filipino Citizen, is a bonafide resident of Barangay Libtong, Naval, Biliran Province.

He/She is personally known to me with good moral character and a law-abiding citizen of the community. HE/She has no **CRIMINAL** and **DEROGATORY RECORD** found in the records of the Katarungang Pambarangay.

This certification is issued for purposes of (please check one):

- ☐ Local Employment
- ☐ 1st Time applicant(Yes/No)
- ☐ Scholarship
- ☐ NBI Clearance
- ☐ Court Clearance
- ☒ Police Clearance
- ☐ Firearm Permit Application
- ☐ Passport/Visa Application
- ☐ Court litigation& other judicial proceedings
- ☐ Tree Planting Certification
- ☐ Loan Certification
- ☐ Motorized Transport Operation Permit (MTO)
- ☐ Travel abroad
- ☐ Others

Please Specify: BIR

CERTIFICATION FOR ELECTRIC INSTALLATION

- ☐ Residential
- ☐ Commercial/Institutional
- ☐ Industrial

FENCING CERTIFICATION

- ☐ Residential
- ☐ Commercial/Institutional
- ☐ Industrial

Water Installation

- ☐ Residential
- ☐ Commercial, Institutional&Industrial

This certification is issued in accordance with Sec.152,Par.(c)of RA 7160 otherwise known as the Local Government Code of 1991 and Barangay Tax Ordinance No. 2017-01 otherwise known as the Barangay Tax Code of Barangay Libtong,Naval,Biliran.

This Certification/Clearance is only valid up to SIX (6) months from the date of issue.

Issued this 2nd day of June, 2025 at Barangay Libtong,Naval,Biliran Province, Philippines.

APPROVED FOR ISSUE:

JUNREY M. ANCERO
Punong Barangay

Signature of Recipient

O. R. No: 4354855

Issued on: 06/02/25

Issued at: Barangay Libtong , Naval

