

RK902692  
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**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**

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**

<b>Drug/Metabolite</b>	<b>Result</b>	<b>Remarks</b>
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

**Test Conducted By**

86 MERRY CHRISTINE MAGNO BELO  
Analyst

**Approved By**

DR. MA. CECILIA D SAMOSA  
Head of Laboratory

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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](mailto: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: E. Employer Name and Address: F. Type of Specimen <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Others (specify) _____	B. Address: <u>BRGY. ULOTONG NAVAL BILIRAN</u> , Age: <u>33</u> G. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Return-to-Duty <input type="checkbox"/> Random <input type="checkbox"/> Mandatory <input type="checkbox"/> Follow-up <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post-accident <input type="checkbox"/> Others (specify) _____	D. Sex: <u>MALE</u>
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>20</u> ml    Physical Appearance: Color: <u>yellow</u>	Other Observation (Enter Remark)
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**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.	<b>SPECIMEN BOTTLE (S) RELEASED TO:</b>	
X Signature of Collector <u>MARIETA A. DANO/LOUBELLY R. LUMAPAK</u>	Time of Collection: <u>11:08</u> AM/PM Date (mm/dd/yy): <u>6/27/18</u>	
RECEIVED AT LAB.:	Name of delivery Service Transferring Specimen to Lab.	
X Signature of Accessioner <u>MARIETA A. DANO/LOUBELLY R. LUMAPAK</u>	STATUS OF THE SPECIMEN (a) Seal intact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (b) Transport device: (c) Description:  (PRINT) Name (First, MI, Last)    Date (mm/dd/yy)	SPECIMEN BOTTLE (S) RELEASED TO:  Signature of Receiving Person  (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.	<b>UHONNY L. AGCANG</b> (PRINT) Donor's Name (First, MI, Last)	04 / 03 / 25 Date (mm/dd/yy)
X Signature of Donor Contact No.: <u>09537389766</u>	Date of Birth: <u>01 / 26 / 1992</u> (mm/dd/yy)	

Additional information may be asked from you by the laboratory particularly on drug and medications.

**STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY**

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

*Comments*  
**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"/> THC <input type="checkbox"/> MET <input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> FAILED TO CONFIRM - REASON: _____
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"/> THC <input type="checkbox"/> MET <input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> FAILED TO RECONFIRM - REASON: _____
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



PICTURE

DATE ISSUED: June 02, 2025

VALID UNTIL: December 02, 2025

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

**NO RECORD ON FILE**

**NO RECORD ON FILE**

SIGNATURE      THUMBMARK



Q.R. CODE

Transaction number:  
TRAXA420250602021921



PBGEN MATTHEW P BACAY  
TDIDM

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

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**NATIONAL POLICE COMMISSION**  
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## 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: ndhs12015@gmail.com

## DEPARTMENT OF RADIOLOGY

Occupation - Collector

HCH 763

Date: 03-JUNE-2025

Name: AGCANG, JOHNNY

Age: 33

Sex: M

Case#: 25-2633

Requesting Physician: OPD

## CHEST PA

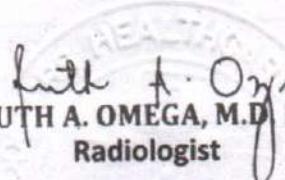
### Radiological Report

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
- 1<sup>st</sup> 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 (MTOP)
- 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 2<sup>nd</sup> 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

