

Name : ANGELIA, CHERRY JOY L. Date : 10/18/2022
Age : 24 Gender : Female File No. : 22-5015
Exam : Chest PA Company : SONIC SALES

Note: This report is based entirely on radiograph examination and should be correlated with clinical and laboratory findings.

RADIOGRAPHIC REPORT

The lungs are clear with no definite evidence of active infiltrates.
Heart is within normal limits in size.
Diaphragm and costophrenic sulci are intact.
The rest of the visualized structures are unremarkable.

IMPRESSION:

- RADIOGRAPHICALLY UNREMARKABLE CHEST FINDINGS

TERESA CANLAS-BARRIENTOS, MD, DPBR
Radiologist

19 OCT 2022

Name: ANGELIA, CHERRY JOY L. Company: SONIC SALES Date: 10/18/2022
Age: 24 Gender: Female Requesting Physician: J.O. No.: 0016440

FECALYSIS

| | | | |
|-------------------------|---------|-----------------|------------|
| Color | : Brown | Occult Blood | : |
| Consistency | : Soft | | |
| Microscopic Examination | | | |
| Ascaris lumbricoides | : /hpf | Pus Cells | : 0-2 /hpf |
| Trichuris trichiura | : /hpf | Red Blood Cells | : 2-5 /hpf |
| Enterobius vermicularis | : /hpf | Fat Globules | : |
| Hookworm Ova | : /hpf | Yeast Cells | : |
| Giardia lamblia | : /hpf | Undigested Food | : |
| Blastocystis hominis | : /hpf | Starch Granules | : |
| Entamoeba histolytica | | | |
| a. Cyst | : /hpf | | |
| b. Trophozoite | : /hpf | | |

NO OVA OR PARASITE SEEN

Remarks:

Francis Gilbert Ame U. Bartolome, RMT
PRC No. 0105881
Medical Technologist

JOHN PATRICK C. PADILLA, MD, DPSP
PRC NO. 0089855
Pathologist

19 OCT 2022



DEPARTMENT OF HEALTH
HEALTHPLUS DIAGNOSTIC SPECIALISTS, INC.

272 BONIFACIO ST., BRGY. 33-D, POBLACION DISTRICT, DAVAO CITY, DAVAO DEL SUR

Phone Number 0823225657

DRUG TEST REPORT

QL090698

69

CCF No: 202210180004

Name: ANGELIA, CHERRY JOY LAO

Birthdate: 10/06/1998

Age: 24

Gender: F

Transaction Date Time: 10/18/2022 2:25:00PM

Report Date Time: 10/18/2022 2:26:31PM

Test Method TEST KIT

Purpose

Private Employment

Requesting Parties

SONIC SALES

Result

| Drug/Metabolite | Result | Remarks |
|----------------------|----------|---------|
| METHAMPHETAMINE | NEGATIVE | |
| TETRAHYDROCANNABINOL | NEGATIVE | |

Test Conducted By

37 FRANCINE ANDREA TAMBOR DE GUIA

Analyst

Approved By

DR JOHN PATRICK CALANOG PADILLA 03

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

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

SPECIMEN ID NO.:

LAB ACCESSION NO.:

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

| | | | | | |
|---|--|--|--|-------------------|------------------|
| A. Client's/Donor's/Subject's Name: <u>CHERRY JIM L. ANGELIA</u> | | B. Address: <u>22-C, PIAPI, BVD, DAVAO CITY</u> | | C. Age: <u>24</u> | D. Sex: <u>F</u> |
| E. Employer Name and Address: <u>SONIC CALLS & DISTRIBUTION, INC.</u> | | | | | |
| F. Type of Specimen | | G. Reason for Test | | | |
| <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Others (specify) _____ | | <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) _____ | | | |
| H. Drug test to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input checked="" 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>YELLOW</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.

| | | |
|--|--------------------------------|--|
| X _____ Signature of Collector | Time of Collection _____ AM/PM | SPECIMEN BOTTLE (S) RELEASED TO: Name of delivery Service Transferring Specimen to Lab: _____ |
| <u>GLADYS GRACE B. YAUIN</u> (PRINT) Collector's Name (First, MI, Last) | Date (mm/dd/yy) _____ | |

| | | |
|--|--|--|
| RECEIVED AT LAB.: X _____ Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) | 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: 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 and on the bottle is correct.

| | | |
|--|--|--|
| X <u>Cherry Jim L. Angelia</u> Signature of Donor | <u>CHERRY JIM L. ANGELIA</u> (PRINT) Donor's Name (First, MI, Last) | <u>10, 18, 22</u> Date (mm/dd/yy) |
| Contact No.: <u>09556248848</u> | | Date of Birth: <u>10, 06, 1998</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: _____ | | | |
| X <u>FRANCINE ANDREA T. DE GUIA</u> (PRINT) Signature & Name of Analyst (First, MI, Last) | <u>DR. JOHN PATRICK C. PADILLA</u> (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) | Date (mm/dd/yy) _____ | |

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

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) _____ |