

Name: ALBET, ANABELLA S. Company: SONIC SALES Date: 10/20/2022
Age: 23 Gender: Female Requesting Physician: _____ J.O. No.: 0016476

URINALYSIS

Color	: Yellow	Albumin	: Negative
Character	: Clear	Sugar	: Negative
Specific Gravity	: 1.010		
Reaction	: 8.0		
Microscopic Examination		Casts	
Epithelial Cells	: Moderate	a. Hyaline	: /lpf
Renal Cells	:	b. Fine	: /lpf
Mucus Threads	:	c. Coarse	: /lpf
Bacteria	: Moderate	d. Waxy	: /lpf
Pus Cells	: 0 - 2	e. WBC	: /lpf
RBC	: 2 - 5	Crystal	
Yeast Cells	:	a. Urates	:
Amorphous Urates	:	b. Uric Acid	:
Amorphous Phosphates	: Few	c. Calcium Oxalate	:
Others	:	c. Triple Phosphate	:

Remarks:

Jay Vee C. Villar, RMT
PRC No. 0049417
Medical Technologist

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

20 OCT 2022

Name: ALBET, ANABELLA S. Company: SONIC SALES Date: 10/20/2022
Age: 23 Gender: Female Requesting Physician: _____ J.O. No.: 0016476

FECALYSIS

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

NO OVA OR PARASITE SEEN

Remarks:

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PRC NO. 0089855
Pathologist

20 OCT 2022

Name : ALBET, ANABELLA S. Date : 10/20/2022
Age : 23 Gender : Female File No. : 22-5028
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

Name: ALBET, ANABELLA S. Company: SONIC SALES Date: 10/20/2022
Age: 23 Gender: Female Requesting Physician: J.O. No.: 0016476

RESULT	NORMAL VALUES	RESULT	NORMAL VALUES
HEMATOLOGY			
Hemoglobin	149.0 M: 135 - 180 g/L F: 120 - 160 g/L	Platelet Count	156.0 140 - 440 x 10 ⁹
Hematocrit	0.44 M: 0.40 - 0.54 F: 0.36 - 0.48	Reticulocyte Count	0.005 - 0.015
RBC Count	4.98 M: 4.5 - 6.0 x 10 ¹² F: 4.0 - 5.5 x 10 ¹²	ESR	M: 0 - 15 mm/hr F: 0 - 20 mm/hr
WBC Count	4.7 5 - 10 x 10 ⁹	Bleeding Time	1 - 3 mins
Differential Count:		Clotting Time	3 - 6 mins
Segmenters	0.59 0.55 - 0.65	Blood Type/Rh	
Lymphocyte	0.37 0.25 - 0.40	Malarial Smear	
Monocyte	0.03 0.02 - 0.06		
Eosinophils	0.01 0.01 - 0.05		
Basophils	0.00 0.0 - 0.01	Remarks	

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

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



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

QK962099

47

CCF No: 202210200001
Name: ALBET, ANABELLA SALPID
Birthdate: 07/20/1999 Age 23 Gender: F

Transaction Date Time: 10/20/2022 11:57:00AM
Report Date Time: 10/20/2022 12:00:25PM

Test Method TEST KIT**Purpose**

Private Employment

Requesting Parties

SONIC SALES

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

65 FRANCINE ANDREA TAMBOR DE GUIA

Analyst**Approved By**

DR JOHN PATRICK CALANOG PADILLA 86

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/Donor/Subject's Name: <u>ANABELA S. ALDET</u>		B. Address: <u>8-A Sigual Gumpetela 200</u>		C. Age: <u>25</u>	D. Sex: <u>F</u>
E. Employer Name and Address:					
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:		I. 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	Specimen Collection	Other Observation (Enter Remark)
Is temperature between 32°C and 38°C?	<input checked="" type="checkbox"/> Observed <input type="checkbox"/> Unobserved <input checked="" type="checkbox"/> Single <input type="checkbox"/> Split	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Volume: <u>60</u> ml	Physical Appearance: Color: <u>YELLOW</u>
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	Time of Collection	Name of delivery Service Transferring Specimen to Lab.
	<u>GLADYS GRACE S. YAUIN</u> (PRINT) Collector's Name (First, MI, Last)	Date (mm/dd/yy)	
RECEIVED AT LAB.:		STATUS OF THE SPECIMEN	SPECIMEN BOTTLE (S) RELEASED TO:
X	Signature of Accessioner	(a) Seal intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Receiving Person
	(b) Transport device	(c) Description:	
	(PRINT) Accessioner's Name (First, MI, Last)	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 and on the bottle is correct.		
X	Signature of Donor	<u>ANABELA S. ALDET</u> (PRINT) Donor's Name (First, MI, Last)
Contact No.:	<u>0910793719/0</u>	Date of Birth: <u>02 / 24 / 1995</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. JOAN 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"/> THC <input type="checkbox"/> MET <input type="checkbox"/> Others (specify):	
		<input type="checkbox"/> FAILED TO CONFIRM - REASON:	
X	<u>FRANCINE ANDREA T. DE GUIA</u> (PRINT) Signature & Name of Analyst (First, MI, Last)	<u>DR. JOAN PATRICK C. PADILLA</u> (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	<u>FRANCINE ANDREA T. DE GUIA</u> (PRINT) Signature & Name of Analyst (First, MI, Last)	<u>DR. JOAN PATRICK C. PADILLA</u> (PRINT) Signature & Name of Head of Laboratory (First, MI, Last)	Date (mm/dd/yy)