

272 Bonifacio Street Poblacion District, Davao City Tel. No. (082) 322-5657 Mobile No. 0922-8951192 healthplusdavao@yahoo.com

Date : 10/18/2022 : ANGELIA, CHERRY JOY L. Gender: Female File No. Age 24 : 22-5015

Company: SONIC SALES Exam : Chest PA

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

1 9 DET 2022

TERESA CANLAS-BARRIENTOS, MD, DPBR Radiologist

DIAGNOSTIC

272 Bonifacio Street Poblacion District, Davao City

Tel. No. (082) 322-5657 Mobile No. 0922-8951192 healthplusdavao@yahoo.com

Name: ANGELIA, CHERRY JOY L

Company: SONIC SALES

Date: 10/18/2022

Age:

Gender: Female

Requesting Physician:

J.O. No.: 0016440 **FECALYSIS** Color Brown Occult Blood Consistency Soft Microscopic Examination Ascaris lumbricoides /hpf Pus Cells 0-2 Trichuris trichiura /hpf /hpf Red Blood Cells Enterobius vermicularis /hpf /hpf Fat Globules Hookworm Ova /hpf Yeast Cells Giardia lambia /hpf **Undigested Food** Blastocystis hominis /hpf Entamoeba histolytica Starch Granules a. Cyst /hpf b. Trophozoite NO OVA OR PARASITE SEEN /hpf

Remarks:

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

Medical Technologist

JOHN PATR

C. PADILLA, MD, DPSP RC NO. 0089855

1 9 DCT 2022

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

Gender: F

QL090698 69

ANGELIA, CHERRY JOY LAO

Age: 24 10/06/1998

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

Report Date Time:

10/18/2022 2:26:31PM

Birthdate: **Test Method** 

CCF No:

Name:

202210180004

Purpose

Private Employment

TEST KIT

Requesting Parties

SONIC SALES

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By** 

Approved By

FRANCINE ANDREA TAMBOR DE GUIA

Analyst

TRICK CALANOG PADILLA 03 DR JOHN

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



272 Bonifacio Street Poblacion District, Davao City

Tel. # : 322-5657 / 0922-895-1192 Email add: healthplusdavao@yahoo.com

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

SPECIMEN ID NO .:

LAB ACCESSION NO.:

	FIN I ANG DIA	B. Address 22-C. PIAPI, B	Wh bandaren in	Age OQ VD. Sex: F
E. Employer Name and Address: SOVIC O	ALLS & DISTRIBUTION		ind, procedure o	Age 44 D. Sex.
F, Type of Specimen	✓G. Reaso			
a/Urine		re-employment a Ran	dom	Reasonable Suspicion/Cause
n Blood		eturn-to-Duty a Man		n Post-accident
a Others (specify)		n Folic		Others (specify)
	OC, PCP, OPI, AMP	WTHC & MET Only	Di Others (	
	CO, FOF, OFS, MINE	WITH CHIEF CHIEF	LI GUINION	speciff.
TEP 2 COMPLETED BY COLLECTOR				
Read specimen temperature within 4 minutes.	Specimen Collection		90	Other Observation (Enter Remark)
Is temperature between 32°C and 38°C?	Specimen Sampling	sr Single 11 Split		
s/Yes u.No	Specimen Volume: _	60 ml Physical Appearance: (	Color: YELLOW	
REMARKS				<b>江东西发生制造</b> 。
STEP 3 Collector affixes bottle seal(s) to bottle STEP 4 CHAIN OF CUSTODY - INITIATED BY C I certify that the specimen given to me by the dor accordance with applicable Department of Health	OLLECTOR AND COMPLE for identified in the certificat	TED BY LABORATORY		eased to the Delivery Service noted in
×		AM/PM SPEC	MEN BOTTLE (S) RELEA	SED TO:
Signature of Collector	Time of Colle			
(PRINT) Collector's Name (First, MI, Last)	Date (mm/do	(/vv)	Name of delivery Service	Fransferring Specimen to Lab
RECEIVED AT LAB.:		STATUS OF THE SPECIMEN	SPECIMEN BOTTLE	(S) RELEASED TO:
NECESTED AT LAB.		(a) Seal intact to Yes to No	OF ESTIMENT BOTTEE	(o) received to
Signature of Accessioner		(b) Transport device:	Signat	ure of Receiving Person
		(c) Description:		1-1-
			(PRINT) Name (First	Mi, Last) Date (mm/dd/yy)
evident seal in my presence; and that the infe	ermation on this form and	The state of the s		sed was sealed with a tamper-
Signature of Donor Contact No.: UMSCC245448	V 0	The state of the s	I. Last)	- 10 / 18 / 39  Date (mm/dd/yy)  sate of Birth: 10 / 02 794
Signature of Donor	(PF	on the bottle is correct.  NORM TOM L. ANGEL  RINT) Donor's Name (First, M	I. Last)	
Signature of Donor Contact No.: UNSCOUNTER Additional information may be asked from you	by the laboratory partice	on the bottle is correct.  NORM I'M L. ANGEL  RINT) Donor's Name (First, M  utarly on drug and medications.	I. Last)	- 10 / 18 / 39  Date (mm/dd/vv sate of Birth: 10 / 04 794)
Signature of Donor Contact No.: UNSCOLETUS Additional information may be asked from yout TEP 6 COMPLETED BY HEAD OF SCREENING in accordance with applicable Department of He	by the laboratory partices  LABORATORY  elith requirements, my date	on the bottle is correct.  NORM IM L. ANGEL  RINT) Donor's Name (First, M  utarly on drug and medications.  rminetion/verification is.	I, Last)	Date (mm/dd/vv)
Signature of Donor Contact Mo.: UNSCOUNTER Additional information may be asked from you TEP 6 COMPLETED BY HEAD OF SCREENING In accordance with applicable Department of He D NEGATIVE D PO	by the laboratory partice	on the bottle is correct.  NERPH (TM L. ANGEL  INT) Donor's Name (First, M  utarly on drug and medications.  rminetion/venfication is.  D TEST CANCELLED	REFUSAL TO TES	Date (mm/dd/vv)  T BECAUSE  a SUBSTITUTED
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Signature of Donor  Contact No.: UNGCQUEUS  Additional information may be asked from youteless Completed by HEAD OF SCREENING in accordance with applicable Department of Head NEGATIVE DEPORTMENT OF PORTION OF THE PROPERTY	Last) (PR	on the bottle is correct.  NERPH (TM L. ANGEL  INT) Donor's Name (First, M  utarly on drug and medications.  rminetion/verification is.  D TEST CANCELLED  DR. OHN PATRICK C. PADIL  INT) Signature & Name of Head of	REFUSAL TO TES DILUTED ADULTERAT LA Laboratory (First, Mi, Last	Date (mm/dd/vv)  Pate of Birth: 10 / DC 7947 (mm/dd/vv)  T BECAUSE  G SUBSTITUTED ED to Others (specify)
Signature of Donor  Contact No.: UNSCOUNTELS  Additional information may be asked from your secondance with applicable Department of He Is NEGATIVE  REMARKS:  X FRANCINE ANDREA T. DE GUIA (PRINT) Signature & Name of Analyst (First, MI,	Last) (PR	on the bottle is correct.  NERPH (TM L. ANGEL  INT) Donor's Name (First, M  utarly on drug and medications.  rminetion/verification is.  D TEST CANCELLED  DR. OHN PATRICK C. PADIL  INT) Signature & Name of Head of	REFUSAL TO TES DILUTED ADULTERAT LA Laboratory (First, Mi, Last	Date (mm/dd/vv)  Pate of Birth: 10 / 04 794 (mm/dd/vv)  T BECAUSE  G SUBSTITUTED ED to Others (specify)
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Signature of Donor Contact No.: MSG2USUS  Additional information may be asked from your accordance with applicable Department of He B NEGATIVE BPOREMENTS  X FRANCINE ANDREA T. DE GUIA (PRINT) Signature & Name of Analyst (First, MI, DEEP 7 COMPLETED BY CONFIRMATORY LAB in accordance with applicable Department of He B CONFIRMED FOR:  B THC B MET B ON MET	Last) (PR ORATORY alth requirements, my date OSITIVE  Last) (PR ORATORY alth requirements, my date thers (specify)  Last) (PR CREFERENCE LABORATORY	on the bottle is correct.  NERPH TOM L. ANGER  RINT) Donor's Name (First, M.  Interior on drug and medications.  Interior on drug and medications.  Interior of the speciment of	REFUSAL TO TES DILUTED ADULTERAT  LA Laboratory (First, MI, Last nen (if (ested) is: NFIRM - REASON: Laboratory (First, MI, Last	Date (mm/dd/vv)  T BECAUSE  G SUBSTITUTED  ED to Others (specify)  Date (mm/dd/vy)
Signature of Donor  Contact No.: MEGGZUEUS  Additional information may be asked from your step 6 COMPLETED BY HEAD OF SCREENING in accordance with applicable Department of Head NEGATIVE DEPORTMENT OF HEAD OF SCREENING IN ACCORDANCE WITH APPLICABLE DEPORTMENT OF HEAD CONFIRMED FOR.  TO THE DEPORTMENT OF MET DONE  (PRINT) Signature & Name of Analyst (First, MI, BITEP 7 COMPLETED BY CONFIRMATORY LAB In accordance with applicable Department of Head CONFIRMED FOR.  (PRINT) Signature & Name of Analyst (First, MI, BITEP 8 TO BE COMPLETED BY THE NATIONAL In accordance with applicable Department of Head CONFIRMED FOR:	Last) (PR  CRATORY  alth requirements, my date  CRATORY  alth requirements, my date  CRATORY  Last) (PR  CRATORY  alth requirements, my date  CRATORY  Last) (PR  REFERENCE LABORATORY  alth requirements, my date	on the bottle is correct.  MERRY (DM L. ANGER  ANGER  INT) Donor's Name (First, M  Interior of the specific of	REFUSAL TO TES DILUTED ADULTERAT  LA Laboratory (First, MI, Last nen (if (ested) is: NFIRM - REASON: Laboratory (First, MI, Last	Date (mm/dd/vv)  T BECAUSE  G SUBSTITUTED  ED to Others (specify)  Date (mm/dd/vy)
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- 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