



Specimen ID Number:

Exp: 2015/03  
DOA 3050334

Collection Test Date:

09/27/13

**Company Information:** (Company administering screening)

Company Oris Exam Services  
Address 6405 N Wilkinson Ave Suite \_\_\_\_\_  
City North Hollywood State CA Postal Code 91606  
Collector's Name Deanna Sarthyan Phone 818-982-6695 Fax 818-761-6399

**Donor Information:** (Person being tested)

Donor's Name TODD, JEFFREY W. Employee ID# or Last Name: \_\_\_\_\_  
ID# or SSN C 1576564  
Identification Type EDI Expiration 6/29/2016

**Certification Information:** (Must be signed by both Donor and Collector)

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and/or alcohol.

Donor's Signature

Date

9/27/13

I hereby certify that I collected the specimen provided by the aforementioned donor and that, to the best of my knowledge, it was not substituted or adulterated. The specimen temperature and color were acceptable.

Collector's Signature

Date

09/27/13**Initial Screen Results:** (All "Positive" results must be confirmed by GC/MS confirmation)

Drug Name	Device Code	Negative	Positive	Not Tested
Amphetamines	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates/Morphine	OPI/MOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALCOHOL SCREEN	ALC	<input type="checkbox"/>	Level:	

**Adulteration Panel Results:** (see color chart and package insert for interpretation)

OX/PCC	Oxidant/PCC:	S.G.	Specific Gravity:	pH	pH:
	In Range <input type="checkbox"/>		In Range <input type="checkbox"/>		In Range <input checked="" type="checkbox"/>
	Other:		Other:		Other: <u>7</u>
NIT	Nitrite:	GLU	Gluderaldehyde:	CRE	Creatinine:
	In Range <input type="checkbox"/>		In Range <input type="checkbox"/>		In Range <input checked="" type="checkbox"/>
	Other:		Other:		Other: <u>120mg/dl</u>
Specimen Temperature (90-100°F): <u>96°</u>		In Range <input checked="" type="checkbox"/>		Other:	

Office Use Only

Last Name TODD  
First Name JEFFREY