



# Specimen Result Certificate

ID Number: 7937626505

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Attention:  
Paul Parks  
PA/MA Center (ESCREEN COLLECTION)  
10200 Crow Canyon Rd  
Castro Valley, CA 94552

Verification Date 6/15/2024 01:08 PM

Collection Site:  
45927 - Concentra Medical Center - Pleasanton  
5635 W Las Positas Blvd  
Pleasanton, CA, 94588

Medical Review Officer:  
Dr. Brian N. Heinen  
151 Leon Ave.  
Eunice, LA 70535  
888-382-2281

Donor Name: Bartson, Andrew P  
Date Of Test: 6/14/2024  
ID Number: 7937626505

Donor SSN: 550-88-4666  
Donor ID: 7841705  
Reason for Test: Pre-employment

Laboratory: ALERE

Regulation: DOT-FMCSA  
Specimen Type: Urine

## Drugs Tested:

| Drug Name                   | Result   | Laboratory<br>Screening<br>Cutoff * | Laboratory<br>Confirmation<br>Cutoff * | Drug Name                 | Result   | Laboratory<br>Screening<br>Cutoff * | Laboratory<br>Confirmation<br>Cutoff * |
|-----------------------------|----------|-------------------------------------|--|---------------------------|----------|-------------------------------------|--|
| Marijuana Metabolite        | Negative | 50 ng/ml                            | 15 ng/ml                               | Hydrocodone/Hydromorphone | Negative | 300 ng/ml                           | 100 ng/ml                              |
| Cocaine Metabolite          | Negative | 150 ng/ml                           | 100 ng/ml                              | Oxycodone/Oxymorphone     | Negative | 100 ng/ml                           | 100 ng/ml                              |
| Amphetamine/Methamphetamine | Negative | 500 ng/ml                           | 250 ng/ml                              | Phencyclidine             | Negative | 25 ng/ml                            | 25 ng/ml                               |
| Codeine/Morphine            | Negative | 2000 ng/ml                          | 2000 ng/ml                             | MDMA/MDA                  | Negative | 500 ng/ml                           | 250 ng/ml                              |
| 6-Acetylmorphine            | Negative | 10 ng/ml                            | 10 ng/ml                               |                           |          |                                     |  |

Final Result Disposition: **Negative**

CCF Record Date and Data Entry Operator : 6/14/2024 MM/DD/YYYY - Hassien, Sara

## TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

In accordance with applicable federal requirements, my verification is:

☒ Negative ☐ Positive ☐ Test Cancelled ☐ Refusal to test because  
☐ Dilute ☐ Adulterated ☐ Substituted

REMARKS:

Dr. Brian N. Heinen

*Brian N Heinen MD*

6/15/2024 01:08 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

\* Represents laboratory screening and confirmation values.

† Represents class (Sub-Class Abbreviation)