



Specimen Result Certificate

ID Number: 7937606303

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

Verification Date 6/14/2024 04:20 PM

Collection Site:
45149 - Concentra Medical Center - Fishers
11580 Overlook Dr
Fishers, IN, 46037

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

Donor Name: Harper, Joshua L.
Date Of Test: 6/13/2024
ID Number: 7937606303

Donor SSN: 312-06-0603
Donor ID:
Reason for Test: Pre-employment

Laboratory: ALERE

Regulation: DOT-FMCSA
Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *	Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation 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 : 6/13/2024 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

6/14/2024 04:20 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)