

Collection Test Date: 12/18/20

Company Information: (Company administering screening)

Company THE SERVICE COMPANIES
 Address 5450 BOLLETTIERI BLVD Suite —
 City BRADENTON State FL Postal Code 34210
 Collector's Name SARA STARR Phone — Fax —

Donor Information: (Person being tested)

Donor's Name Nicholas Tidwell Employee ID# or Last Name: Tidwell
 ID# or SSN T340 636 86 084 0
 Identification Type Driver's Expiration 3/4/27

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.

X [Signature] Date 12/18/20
 Donor's Signature

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.

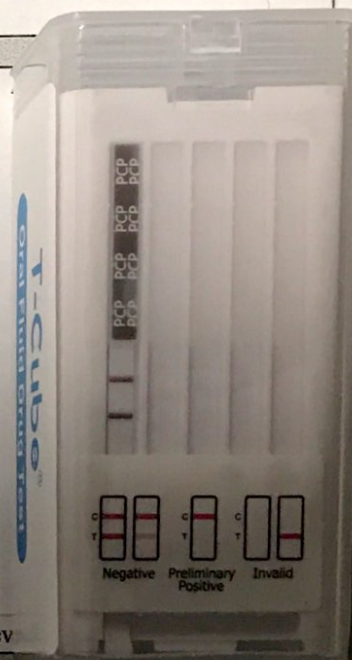
[Signature] Date 12/18/20
 Collector's Signature

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

Drug Name	Device Code	Negative
Amphetamines	<u>AMP</u>	<input checked="" type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>
Cocaine	<u>COC</u>	<input checked="" type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>
Methamphetamine	<u>mAMP</u>	<input checked="" type="checkbox"/>
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>
Opiates/Morphine	<u>OPI/MOP</u>	<input checked="" type="checkbox"/>
Oxycodone	<u>OXY</u>	<input checked="" type="checkbox"/>
Phencyclidine	<u>PCP</u>	<input checked="" type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>
ALCOHOL SCREEN	ALC	<input type="checkbox"/> Lev

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 type="checkbox"/>
	Other:		Other:		Other:
NIT	Nitrite:	GLU	Gluderaldehyde:	CRE	Creatinine:
	In Range <input type="checkbox"/>		In Range <input type="checkbox"/>		In Range <input type="checkbox"/>
	Other:		Other:		Other:
Specimen Temperature (90-100 F):		In Range <input type="checkbox"/>		Other:	



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Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>
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Phencyclidine	<u>PCP</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>
ALCOHOL SCREEN	ALC	<input type="checkbox"/>	Level: <u>—</u>

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

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

