

Company Information: (Company administering screening)

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

Donor Information: (Person being tested)

Donor's Name Nicholas Tidwell Employee ID# or Last Name: Tidwell
 ID# or SSN T340 636 86 0840 Expiration 3/4/27
 Identification Type Driver's

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 12/18/20

Date

Donor's Signature

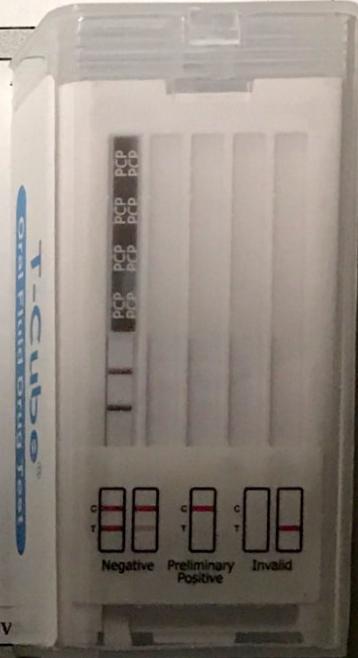
I hereby certify that I collected the specimen provided by the aforementioned donor and that, to the best of my knowledge, it was not substituted or adulterated. The specimen temperature and color were acceptable.

S. Stare 12/18/20

Date

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

Drug Name	Device Code	Negative
Amphetamines	AMP	<input checked="" type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>
Methamphetamine	mAMF	<input checked="" type="checkbox"/>
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>
Opiates/Morphine	OPI/MOP	<input checked="" type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>
Propoxphene	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

Other:

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 City BRADENTON State FL Suite —
 Collector's Name SARA STARE Phone Postal Code 34210
 Collector's Name SARA STARE Phone Fax

Donor Information: (Person being tested)

Donor's Name Nicholas Tidwell Employee ID# or Last Name: Tidwell
 ID# or SSN T340636860840
 Identification Type Driver's Expiration 3/4/27

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

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X Stare
 Donor's Signature

Date 12/18/20

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Stare
 Collector's Signature

Date 12/18/20

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

Drug Name	Device Code	Negative	Positive	Not Tested
Amphetamines	AMP	✓	—	—
Barbiturates	BAR	□	—	—
Benzodiazepine	BZO	□	—	—
Buprenorphine	BUP	□	—	—
Cocaine	COCAINE	✓	—	—
Marijuana	THC	□	—	—
Methadone	MTD	□	—	—
Methamphetamine	MDA	✓	—	—
Methylenedioxymethamphetamine	MDMA	□	—	—
Opiates/Morphine	OPI/MOP	✓	—	—
Oxycodone	OXY	✓	—	—
Phencyclidine	PCP	✓	—	—
Propoxyphene	PPX	□	—	—
Tricyclic Antidepressants	TCA	□	—	—
ALCOHOL SCREEN	ALC	□	—	—

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

OX/PCC	Oxidant/PCC: In Range <input type="checkbox"/> Other:	S.G.	Specific Gravity: In Range <input type="checkbox"/> Other:	pH	Color:
NIT	Nitrite: In Range <input type="checkbox"/> Other:	GLU	Glutaraldehyde: In Range <input type="checkbox"/> Other:	CRE	Creatinine: In Range <input type="checkbox"/> Other:
					Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Invalid <input type="checkbox"/>

Specimen Temperature (90-100 F): In Range Other: