

Acrobat

outsourcing

Your Hospitality Staffing Professionals

Initial Drug Screening Results Form

Date: 11/5/18

Time: 12:00 PM

Location of Collection:

Donor:

Address: 665 3rd St.

Name: Danea Edwards

City, State, Zip: SF, CA, 94103

Date of Hire: 10/1/18

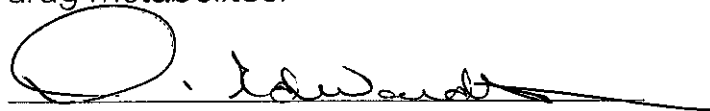
Administrator: Angelina Zervas

Email: ddedwards2347@gmail.com

Phone: (415) 431-8826

Phone: 415-955-7433

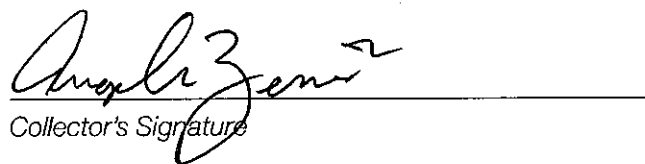
I Hereby Certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites.



Donor's Signature

11-5-2018
Date

I Hereby Certify that I collected the specimen from the aforementioned donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.



Collector's Signature

11/5/18
Date

Substance	Device Code	Pass	Did Not Pass
Marijuana	THC	✓	
Cocaine	COC	✓	
Opiates/Morphine	OPI/MOR	✓	
Phencyclidine	PCP	✓	
Amphetamines	AMP	✓	
Methamphetamine	mAMP	✓	