

# Acrobat

outsourcing

Your Hospitality Staffing Professionals

## Initial Drug Screening Results Form

Date: 11/5/18  
Time: 12:00 PM

Location of Collection:

Address: 865 3rd St.  
City, State, Zip: SP, CA, 94103  
Administrator: Angelina Zervas  
Phone: (415) 431-8826

Donor:

Name: Donna Edwards  
Date of Hire: 10/1/18  
Email: dd.edwards52347@gmail.com  
Phone: 415-955-7433

I Herby 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.

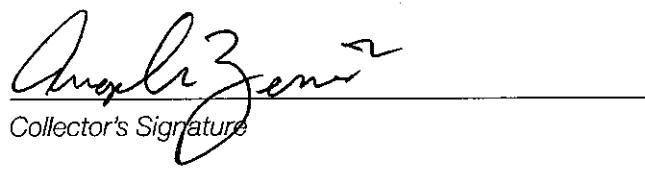


Donor's Signature

11-5-2018

Date

I Herby 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	✓	