



SPECIMEN ID NUMBER

AA00478667

**INSTANT DRUG SCREEN****Consent and Report Form**

CRL Account Code: UH8.2335.F1

AS/400 Case #:

REQUIRED

ACROBAT STAFFING

163921

DOS: 10/28/16

DOB: 8/20/65

Date of Birth:

Patient: SHEPARD, JACQUELINE

State: Zip Code:

Case # : 83-160011 Ref # : UDS.AT

Employer:

Donor Identification: ☐ Photo ☐ Supervisor:☐ Other:Reason for Test: ☐ Pre-Employment ☐ Post Accident ☐ Reasonable Suspicion ☐ Random ☐ Other**CONSENT AND RELEASE**

I hereby give my consent to and authorize the U.S. Healthworks staff and its designated laboratory to perform any testing necessary to determine the presence and/or level of drugs in my body on behalf of my prospective/current employer, whose name I entered above. I further give my consent for U.S. Healthworks to release any and all results to the aforementioned employer. I agree to hold harmless all U.S. Healthworks employees, physicians, and agents involved in the performance of the testing, from any action that may arise from the disclosure of such test results to the aforementioned employer/prospective employer.

Donor Signature:

TEST / SPECIMEN INFORMATION

Batch #:

WCC00

Lot #:

F6010024

Expiration Date:

5/2/15

☒ Specimen was examined within 4 minutes.

Temperature: 94 °F

Physical characteristics: ☒ Normal ☐ Abnormal☐ Second specimen was collected:

Temperature: °F

Physical characteristics: ☐ Normal ☐ Abnormal

Internal Control:

☐ Valid ☐ Invalid

Remarks:

TECHNICIAN CERTIFICATION

I certify that the specimen provided to me by the Donor and identified on this form was collected, labeled, sealed in the Donor's presence.

☐ Released to (Delivery Service Name) for transport to the laboratory for further testing.

Collection Facility: USH, 13939 E. 14 St San Leandro CA 94578 CRL Account Code: UH8.2335.F1 Telephone: 510-343-8300

Name: Ann M. Qu

Signature:

Date:

10/28/16

Time: 884

DONOR CERTIFICATION

I certify that I provided my urine specimen to the collector; that I did not adulterate it in any manner; that the specimen bottle used was sealed in my presence with a tamper-evident seal; and that the information provided on this form and on the tamper-evident specimen seal is correct.

Donor Signature:

Tel:

415 374-0661

Date:

10-28-16

TEST RESULTS☒ Negative drug screen.☐ Specimen (minimum 30 mL) forwarded to lab for further testing.

5 PANEL ACCT# LB04

10 PANEL ACCT# LB03

☐ Donor unable to provide sample within 3 hours.☐ Donor refused to be tested.

Reported to: Name:

Date:

Time:

Via: ☐ Tel ☐ Fax Other:

Reported by: Name:

Signature:

FOR LABORATORY USE ONLY

Received by Accessioner (Name):

Signature:

☐ AM ☐ PM