



SPECIMEN ID NUMBER

AA00478667



INSTANT DRUG SCREEN

Consent and Report Form

REQUIRED

ACROBAT STAFFING

163921

CRL Account Code: UH8.2335.F1

AS/400 Case #: _____

DOS: 10/28/16

DOB: 8/20/65

Date of Birth: _____

Patient: SHEPARD, JACQUELINE

State: _____ Zip Code: _____

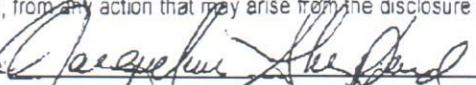
Case #: 83-160011 Ref #: UDS.AT

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 #: W0CCW

Lot #: F1010C26

Expiration Date: 5/2016

 Specimen was examined within 4 minutes.Temperature: 94 °F Physical characteristics: Normal Abnormal Second specimen was collected:Temperature: _____ °F Physical characteristics: Normal AbnormalInternal Control: Valid Invalid

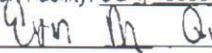
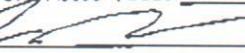
Remarks: _____

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.

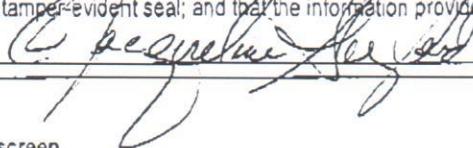
Collection Facility: USH 13939 E. 14 St San Leandro CA 94578 CRL Account Code: UH8.2335.F1 Telephone: 510-343-8300

Name:  Signature: 

Date: 10/28/16 Time: 8:04

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