

# Acrobat

outsourcing

Your Hospitality Staffing Professionals

## Initial Drug Screening Results Form

Date: 2/4/19

Time: 4:04 PM

### Location of Collection:

Address: 665 3rd St.  
City, State, Zip: San Francisco, CA 94107  
Administrator: Angelina Zema  
Phone: 415-431-8826 x01

### Donor:

Name: Chad Bishop  
Date of Hire: 1/22/19  
Email: chad.bishop@gmail.com  
Phone: 415-424-3955

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.

Chad E. Bishop

Donor's Signature

2/4/19

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.

Angelina Zema

Collector's Signature

2/4/19

Date

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