



# Specimen Result Certificate

ID Number: 42379035

Report printed on 2/7/2019 10:12:43 AM

Page 1 of 1

Attention: Marisela Segura Acrobat Outsourcing 665 Third Street Suite 415 San Francisco, CA 94107	Verification Date 2/6/2019 04:51 PM
Collection Site: 38906 - MedSpring - DFW - Richardson	Medical Review Officer: Dr. Stephen Kracht 8140 Ward Parkway Ste 275 Kansas City, MO 64114 888-382-2281

Donor Name: Toliver, Finis Lewis	Donor SSN: XXX-XX-0245
Date Of Test: 2/5/2019	Donor ID: Reason for Test: Pre-employment
ID Number: 42379035	Regulation: Non-DOT
Laboratory: ALERE	Specimen Type: Urine

## Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	50 ng/ml	15 ng/ml	Barbiturates	Negative	300 ng/ml	300 ng/ml
Cocaine	Negative	300 ng/ml	150 ng/ml	Benzodiazepines	Negative	300 ng/ml	300 ng/ml
Amphetamines	Negative	1000 ng/ml	500 ng/ml	Methaqualone	Negative	300 ng/ml	300 ng/ml
Opiates	Negative	2000 ng/ml	2000 ng/ml	Methadone	Negative	300 ng/ml	300 ng/ml
Propoxyphene	Negative	300 ng/ml	300 ng/ml	Syn Cannabinoids	Negative	ng/ml	ng/ml
PCP	Negative	25 ng/ml	25 ng/ml				

Final Result Disposition: **Negative**

## TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

Negative  
 Dilute

Positive

Test Cancelled

Refusal to test because  
 Adulterated       Substituted

REMARKS:

Dr. Stephen Kracht

*Stephen J. Kracht, D.O.*

2/6/2019 04:51 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)



MedSpring

 377 W Campbell Rd, Ste 100  
 Richardson, TX 75080  
 469.232.2945

 PPD  
 Placement

Patient Name (First Last): Finis Toliver Gender:  Male  Female  
 Home Address: 18749 Marsh Ln City: Dallas State: TX Zip: 75287  
 Home Phone: (469) 371-3209 Date of Birth (MM/DD/YYYY): 08/20/1989

**Please circle the answer to following questions:\***

 Have you ever had the BCG vaccine?  Yes  No

 Have you ever had a positive PPD placement?  Yes  No

If you have had a positive PPD placement

 Do you have regular night sweats?  Yes  No

 Have you experienced unexplained weight loss?  Yes  No

 Do you cough up blood?  Yes  No

\*A Quantiferon blood test will be performed in lieu of a PPD placement for any "yes" answers.

I understand that I must return to have the test read in 48-72 hours or it becomes invalid.

Finis L. Toliver II

08/20/1989

Printed patient name

Patient date of birth (MM/DD/YYYY)

02/05/2019

Signature of patient or legally authorized representative

Relationship to patient/witness or translator

Current Date (MM/DD/YYYY)

**PLACEMENT:**

 Date Placed: 2/5/19 Time Placed: 10:09 AM  PM Site:  Right  Left

 Dose (0.1mL SC) Lot#: 318159 MFG: Par Exp Date: 02/28/20

 Administrator: C Payne Signature: C Payne
**READ (WITHIN 48-72 HOURS):**

 Date Read: 2/7/19 Time Read: 1:39 AM  PM

 POSITIVE  NEGATIVE Induration:  Yes 0 mm\*\*  No

 Results Read By: Candy J.

 Signature: Candy J.

 Provider Signature: Jessica
 MD  DO  Physician Assistant  Advanced Practice Nurse

*If any induration is present, please have patient complete Tuberculosis (TB) Screening Questionnaire and see a provider*