



Specimen Result Certificate

ID Number: 42379035

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

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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
Date Of Test: 2/5/2019

Donor SSN: XXX-XX-0245
Donor ID:
Reason for Test: Pre-employment

ID Number: 42379035
Laboratory: ALERE

Regulation: Non-DOT
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 ☐ Positive ☐ Test Cancelled ☐ Adulterated ☐ Refusal to test because ☐ Dilute ☐ 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
urgent care
MedSpring

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

PPD
Placement

 Patient Name (First Last): Finn's Tolliver Gender: ☒ Male ☐ Female
 Home Address: 18749 Marsh Ln City: Dallas State: TX Zip: 75287
 Home Phone: (969) 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.

<u>Finn's L. Tolliver II</u>	<u>08/20/1989</u>
Printed patient name	Patient date of birth (MM/DD/YYYY)

[Signature]
 Signature of patient or legally authorized representative

Relationship to patient/witness or translator

02/05/2019
 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 ☒ No mm** ☒ No

 Results Read By: Cundyp Signature: Cundyp

 Provider Signature: [Signature]
☐ MD ☐ DO ☐ Physician Assistant ☒ Advanced Practice Nurse

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