## @screen Specimen Result Certificate

ID Number: 7927166926 Page 1 of 1 Report printed on 12/8/2022 12:35:07 PM Attention: Verification Date 12/7/2022 12:18 PM Dan Buettner **Quality Consortium Services** Medical Review Officer: 2414 E 117th St Dr. Brian N. Heinen Burnsville, MN 55337 151 Leon Ave. Eunice, LA 70535 Collection Site: 52240 - DOT Exam Express - Reisterstown 888-382-2281 517 Main St Reisterstown, MD, 21136 Donor Name: KARIMOV, IKBOL Donor SSN: K651336652437 Date Of Test: Donor ID: K-651-336-652-437 12/6/2022 ID Number: 7927166926 Reason for Test: Random Regulation: **DOT-FMCSA** Specimen Type: Laboratory: **Quest Diagnostics** Urine **Drugs Tested:** Laboratory Laboratory Laboratory Laboratory Drug Name **Drug Name** Confirmation Result Screening Confirmation Result Screening Cutoff \* Cutoff \* Cutoff \* Cutoff \* 15 Hydrocodone/Hydromorphone Marijuana Negative Negative 300 100 Cocaine Negative 150 100 Oxycodone/Oxymorphone Negative 100 100 500 250 PCP Negative 25 25 **Amphetamines** Negative Opiates Negative 2000 2000 MDMA/MDA Negative 500 250 Negative 6-Monoacetylmorphine 10 Final Result Disposition: **Negative** CCF Record Date and Data Entry Operator: 12/6/2022 MM/DD/YYYY - Andrepont, Jennie 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: Refusal to test because ✓ Negative Positive Test Cancelled Dilute **REMARKS:** Brian Noteman mo Dr. Brian N. Heinen 12/7/2022 12:18 PM (PRINT) Medical Review Officer's Name Signature of Medical Review Officer Date (Mo./Day/Yr.)

<sup>\*</sup> Represents laboratory screening and confirmation values.