



Specimen Result Certificate

Report printed on 7/10/2009 5:36:13 PM

To: Dan Meyer Info Cubic 9250 E COSTILLA AVE STE 230 GREENWOOD VILLAGE, CO 80112	Verification Date 06/11/2009 08:16 AM Medical Review Officer: Dr. Stephen Kracht 7500 W. 110th St, Ste 500 PO Box 25903 Overland Park, KS 66225 888-382-2281
Location: 11539 - US Healthworks - East Windsor	

Donor Name: Doe, John Date Of Test: 06/11/2009 08:07 AM CST ID Number: 66163163 Lab eCup	Donor SSN: XXX-XX-XXXX Other ID: Donor Status: Pre-employment
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Drugs Tested	Test Type: Non-DOT
Marijuana, Cocaine, Amphetamines, Opiates, PCP	
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:

<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Test Cancelled	<input type="checkbox"/> Refusal to test because
<input type="checkbox"/> Dilute		<input type="checkbox"/> Adulterated	<input type="checkbox"/> Substituted

REMARKS:

Dr. Stephen Kracht	<i>Stephen J. Kracht D.O.</i>	6/11/2009 8:16:22 AM
(PRINT) Medical Review Officer's Name	Signature of Medical Review Officer	Date (Mo./Day/Yr.)