

087-2521

10023599 AREA/ROUTE/STOP: L1XXXXX  
 COMPLETE LAB  
 2223 OLD MINDEN RD A-2  
 BOSSIER CITY, LA 71112

FAX  
 LABORATORY REPORT



Quest  
 Diagnostics

PARTICIPANT NAME 231717026		PARTICIPANT ID KOTOWICZ, TYLER		ROOM NO.	AGE	SEX	PHYSICIAN
PAGE	REQUISITION NO	ACCESSION NO.	LAB REF.	COLLECTION DATE & TIME	LOG-IN DATE	FAX DATE	& TIME
1	1752716	732058W		12082011 01:30PM	12092011	12092011	03:42PM

REMARKS: Client Site Location:  
 REASON FOR TEST: RANDOM  
 DONOR ID VERIFIED:

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			

REPORT FOR: COMPLETE LAB - 10023599  
 2223 OLD MINDEN RD A-2  
 BOSSIER CITY, LA 71112

Tests Ordered: 20453N (SAP 10-50/2000 W/NIT)

Integrity Checks

Acceptable Range

CREATININE	17.2 mg/dL	>= 20 mg/dL
SPECIFIC GRAVITY	1.002	1.003 - 1.020
pH	6.0	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

Initial Test Level      MS Confirm Test Level

DILUTE SPECIMEN

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	300 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	300 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	300 ng/mL
METHAQUALONE	Negative	300 ng/mL	300 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	300 ng/mL

CERTIFYING SCIENTIST: KSRO01  
 SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.

LAB Quest Diagnostics-Lenexa  
 10101 Renner Blvd  
 Lenexa KS 66219

>> END OF REPORT <<

1752716 SPECIMEN ID NO.

COLLECTED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. FORM ID: 0343500020

2023 ELN KENNEDY RD 4-1  
ROCKFORD ILL 61102  
PH: 815-396-7438 FAX: 815-396-7438

61  
8 Dec 11

C. Donor SSN or Employee I.D. No. 2311717026

D. Donor Name: Last: KOTOMICZ First: TYLER

E. Donor ID Verified:  Photo ID  Emp. Rep.

F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)

Return to Duty (6)  Follow-up (23)  Other (specify) (99)

G. Drug Tests to be Performed:

501204 COCAINE/AMPH  
501204 COCAINE/AMPH  
501204 COCAINE/AMPH

H. Collection Site Name: COMPLETE LAB

Collection Site Code:

Address: 222 Old Highway Rd - 60

City, State and Zip: Rockford IL 61102

Collector Phone No.: 815-744-7438

Collector Fax No.: 815-744-7438

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X P. Anderson  
Signature of Collector  
(Print) Collector's Name (First, MI, Last)

12/8/11 AM  
Time of Collection  
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier  FedEx

Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessionist

(Print) Accessionist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

Yes

No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Tyler Kotomicz  
Signature of Donor

Tyler Dwayne Kotomicz  
(PRINT) Donor's Name (First, MI, Last)

12/8/11  
Date (Mo./Day/Yr.)

Daytime Phone No. (815) 744-7438

Evening Phone No. (815) 744-7438

Date of Birth 9/6/77  
Mo. Day Yr.