

1400
 AUGUSTA LABORATORY
 1223 AUGUSTA WEST PARKWAY
 AUGUSTA, GA 30909



AUGUSTA LABORATORIES
 Testing Site: 1223 Augusta West Pkwy
 Augusta, GA 30909
 (706) 868-0472
 (800) 215-1829
 Collection Site: 333 S. Walnut Street
 Statesboro, GA 30458
 (912) 764-5338
 (800) 545-3839
LABORATORY REPORT
DR. J. SCHOLER, LAB DIRECTOR

PATIENT NAME NEAL, JOSEPH		PATIENT ID [REDACTED]	AGE 43Y	D.O.B. 08/14/1968	SEX M	REFERRING PHYSICIAN	
ACCESSION NO. 2D0000525	CHART NO.	UNIT	ROOM/BED	SPECIMEN DATE & TIME 02/02/2012	ACCESSION DATE 02/02/2012	REPORT DATE 02/02/2012	

TEST	RESULT		UNITS	REFERENCE RANGE
	OUT OF RANGE	IN RANGE		
INDUSTRIAL DRUG PANEL (10) SCREENING CUT OFF LIMITS ARE LISTED BELOW:				
Drug	Screening Limit			
Amphetamine/Methamphetamine	1000 ng/ml			
Barbiturates	300 ng/ml			
Opiates	2000 ng/ml			
Cocaine	300 ng/ml			
Phencyclidine	25 ng/ml			
THC metabolite (marijuana)	50 ng/ml			
Benzodiazepine	300 ng/ml			
Methadone	300 ng/ml			
Methaqualone	300 ng/ml			
Propoxyphene	300 ng/ml			
ALL POSITIVE SAMPLES ARE RETAINED BY THE LABORATORY FOR ONE YEAR.				
TEST RESULTS:				
AMPHETAMINE		NEGATIVE		NEGATIVE
BARBITURATES		NEGATIVE		NEGATIVE
OPIATES		NEGATIVE		NEGATIVE
COCAINE		NEGATIVE		NEGATIVE
PCP		NEGATIVE		NEGATIVE
BENZODIAZEPINES	POSITIVE			NEGATIVE
PATIENT ON MEDICATION				
METHAQUALONE		NEGATIVE		NEGATIVE
METHADONE		NEGATIVE		NEGATIVE
PROPOXYPHENE		NEGATIVE		NEGATIVE
THC METABOLITES		NEGATIVE		NEGATIVE

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LABORATORY REPORT
DR. J. SCHOLER, LAB DIRECTOR

PATIENT NAME NEAL, JOSEPH		PATIENT ID [REDACTED]		AGE 43Y	D.O.B. 08/14/1968	SEX M	REFERRING PHYSICIAN
ACCESSION NO. 2D0000526	CHART NO.	UNIT	ROOM/BED	SPECIMEN DATE & TIME 02/02/2012		ACCESSION DATE 02/02/2012	REPORT DATE 02/06/2012

TEST	RESULT		UNITS	REFERENCE RANGE
	OUT OF RANGE	IN RANGE		
HAIR ANALYSIS DRUG TEST				
A "NEGATIVE" RESULT MEANS THAT THE DRUG WAS NOT DETECTED IN AN AMOUNT THAT MEETS OR EXCEEDS THE CUTOFF. A "POSITIVE" RESULT MEANS THAT THE DRUG WAS DETECTED IN AN AMOUNT THAT MEETS OR EXCEEDS THE CUTOFF.				
TEST PERFORMED BY PSYCHEMEDICS CORPORATION USING PATENTED TECHNOLOGY.				
COCAINE (H)		NEGATIVE		NEGATIVE
OPIATES (H)		NEGATIVE		NEGATIVE
PHENCYCLIDINE (PCP) (H)		NEGATIVE		NEGATIVE
AMPHETAMINES (H)		NEGATIVE		NEGATIVE
MARIJUANA (H) <a>		NEGATIVE		NEGATIVE
<a> Reference Lab: PSYCHEMEDICS 5832 UPLANDER WAY CULVER CITY, CA 902306608				

PSYCHEMEDICS FORENSIC DRUG TEST CUSTODY AND CONTROL FORM - INITIAL TEST

N658487

AUGLAB

Client Code (if other than printed)

STEP 1: Completed by Collector. Have donor sign Step 3 on Page 2.

A. Sample Collected For: ANJELA VERHOY
1223 AUGUSTA WEST PARKWAY
AUGUSTA, GA 30909
PHONE (706) 663-0472 FAX (706) 663-0472

CL
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BP

B. Donor Identification
Donor or Employee ID #: [REDACTED]
IS CHARACTER MAXIMUM - MUST MATCH DONOR ID ON SAMPLE ACQUISITION CARD (SAC)

C. Reason for Test: Pre-Employment Random Other (Specify) _____

D. Donor ID Verified Photo ID Employer Representative
Signature of Employer Representative

E. Drug Tests to be Performed Cocaine, Opiates, PCP, Amphetamines, Marijuana Other (Specify) _____

F. Collection Site: AUGUSTA LAB 1223 AUGUSTA WEST PARKWAY
Collection Facility Name: AUGUSTA GA 30909 Street Address: _____
City: _____ State: _____ Zip: _____ Phone (Area Code) + Number: _____ Collection Site Code: _____

Bill Collection To:
 TPA Lab Client

STEP 2: Collector copies Donor or Employee ID # from CCF to SAC (envelope); Collector completes information on Integrity Seal and SAC EXCEPT Donor's Initials; Collector obtains sample from donor and places sample in SAC in accordance with procedures.

Source of Sample: Hair from Head Chest Underarm/s Leg/s Other _____
Must specify approval code

Collector affixes signed Integrity Seal to SAC; Collector removes Bar Code from CCF and affixes it to SAC.

STEP 3: Donor initials SAC; Donor signs Donor Certification.

I certify that I am the test subject, that the sample contained in the envelope is my sample, that it was cut close to the skin, and I witnessed the sample collector seal the sample in the envelope. I consent to the testing of the sample by Psychemedics Corporation and to the release of the test results to the named test result recipient. In consideration of the testing of my sample, where authorized by law, I hereby release Psychemedics Corporation, its officers, employees, agents and representatives from any and all liabilities arising from the testing or the reporting of my results to the authorized recipient and the recipient's use thereof.

Donor Signature: _____ Donor Printed Name: Joseph Neal Phone Number(s): 9068296229

STEP 4: Chain of Custody - Initiated by Collector and Completed by Laboratory.

Collector Remarks: I, the collector, certify that the enclosed sample was obtained with the consent of the donor, that proper identification of the donor was made, that the appropriate authorization was obtained from the donor for disclosure of the results to the above named result recipient, and that the sample was prepared for release to the delivery service transferring sample to the lab.

Print Collector Name: _____ Date: 02022012
Signature of Collector: _____



TOXICOLOGY REQUISITION

AUGUSTA

2D/525



LABORATORIES

Augusta Laboratory
 1223 Augusta West Pkwy.
 Augusta, GA 30909
 (706) 868-0472
 CLIA ID #11D0262870

Statesboro Laboratory
 333 South Walnut Street
 Statesboro, GA 30458
 (912) 764-5338
 CLIA ID #11D0677675

PATIENT INFORMATION PLEASE PRINT

N Z A L	J O S E P H	P
PATIENT LAST NAME	PATIENT FIRST NAME	MI



2/14/1969 M

DOB SEX

SEND REPORT TO: Ind

BILL TO: _____

Specimen Date: 2-2-12 Time: 10:15 A.M. P.M. Serum Blood Urine Gastric

REASON FOR TEST: POST-ACCIDENT PRE-EMPLOYMENT RANDOM OTHER

IDP6 - INDUSTRIAL DRUG PANEL 6 (Described on Reverse Side)

IDP6 - INDUSTRIAL DRUG PANEL 6: GC/MS CONFIRMATION

IDP7 - INDUSTRIAL DRUG PANEL 6: PLUS BENZODIAZEPINES

OTHER Idp 10

CHAIN OF CUSTODY: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER.

PURPOSE OF TRANSFER	RELEASED BY SIGNATURE/PRINT NAME	RECEIVED BY SIGNATURE/PRINT NAME	DATE/TIME
A. PROVIDE SPECIMEN FOR TESTING	PATIENT	<u>NC</u>	<u>2-2-12</u>
B. TRANSPORT TO LABORATORY	<u>NC</u>	<u>NC</u>	<u>10:15 AM</u>
C.			
D.			

To be completed by the person collecting the sample(s):

I verify that the specimen was drawn/collected, labeled, sealed and placed in a tamper-evident bag. I have signed the original Chain of Custody Form which will be enclosed with the sample.

NC
 Name (Please Print)

NC
 Signature

2/2/12 10:15
 Date Time

To be completed by the participant:

I verify that the specimen was drawn/collected, labeled, sealed and placed in a tamper-evident bag. I have signed the original Chain of Custody Form which will be enclosed with the sample.

NC
 Patient's Initials

To be completed by the Laboratory:

I verify the integrity of the bag, seals, and specimen.

NC
 Name (Please Print)

NC
 Signature

2/2/12 10:15
 Date Time