



# Specimen Result Certificate

ID Number: 7903556525

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Page 1 of 1

Attention:

Roy Salmon

Roy Salmon Trucking

9737 Eustice Rd

Randallstown, MD 21133

Collection Site:

2814 - Concentra Medical Center - Rosedale

Verification Date

12/22/2020 02:58 PM

Medical Review Officer:

Dr. Stephen Kracht

8140 Ward Parkway Ste 275

Kansas City, MO 64114

888-382-2281

Donor Name: Nelson, Robert

Date Of Test: 12/21/2020

ID Number: 7903556525

Donor SSN:

Donor ID: N425745507820

Reason for Test: Pre-employment

Laboratory: Quest Diagnostics

Regulation: DOT-FMCSA

Specimen Type: Urine

## Drugs Tested:

Drug Name	Result	Laboratory	Laboratory	Drug Name	Result	Laboratory	Laboratory
		Screening	Confirmation			Screening	Confirmation
		Cutoff *	Cutoff *			Cutoff *	Cutoff *
Marijuana	Negative	50	15	Hydrocodone/Hydromorphone	Negative	300	100
Cocaine	Negative	150	100	Oxycodone/Oxymorphone	Negative	100	100
Amphetamines	Negative	500	250	PCP	Negative	25	25
Opiates	Negative	2000	2000	MDMA/MDA	Negative	500	250
6-Monoacetylmorphine	Negative	10	10				

Final Result Disposition: **Negative**

CCF Record Date and Data Entry Operator : 12/21/2020 MM/DD/YYYY - Dr. Stephen Kracht

### 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 ☐ Refusal to test because  
☐ Dilute ☐ Adulterated ☐ Substituted

REMARKS:

Dr. Stephen Kracht

*Stephen J. Kracht D.O.*

12/22/2020 02:58 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

\* Represents laboratory screening and confirmation values.

† Represents class (Sub-Class Abbreviation)