## ATTACHMENT #13

## **POST-ACCIDENT DRUG AND ALCOHOL TESTS**

(5 Pages)

Page 1 of 1

11/19/2012 Federal Regulated

Starr On-Site Services 4400 North Big Spring Street, Suite B-21 Midland, TX 79705 (432) 620-0434

TO: Starr On-Site Services-House 4400 N. Big Spring Street Suite B-21 Midtand, TX 79705

tair On-Site Services

## **Medical Review Officer Report**

-Confidential-

This is a notification of a controlled substance test result on:

Individual Tested:	Hayden		Reason for Test: Specimen ID#:	Post Accident 115593243
Donor ID: Collection Site:	Starr Onsite-Onsite At Employer Addres	\$	Date of Collection: Lab Accession#:	11/15/2012 Time: 2027 115593243 11/17/2012 Time: 0753
	Laboratory:	Advanced Toxocology Network	MRO:	MD
3560 Air Center Cove Suite 101	t		MRO Received Date	2
Memphis, TN 38118			MRO Report Date:	11/19/2012 Time:
			MRO Date CCF2:	11/15/2012
			Specimen Type:	Urine
			Drug Panel:	DOT Panel

Substances included in test profile:

Drug Amphetamines Opiates Marijuana Drug Cocaine Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40.

The verified result is: \*\*\*\* Negative \*\*\*

comments: Smith Ind.

MD

https://results.certifiedscreen.com/printtest.asp

11/19/2012

Starr On Site Services

(2)

Nov 19 12 10:35a	Starr On Site Service	S	43	26872446	p.1
······	FEDERAL DR	UG TESTING CUSTO	DY AND CONTROL FO	RM CAT	N
•			4	0.000	
	SPECIMEN ID NO	1155932	43	ADVANCED TOXICOL	
			3560 Air Cente	advanced Toxicol	phis, TN 38118 (888)222-4
EP 1: COMPLETED BY C Employer Name. Address,	OLLECTOR OR EMPLOYER		MBO Name Address, Pho	ne No. and Fax No.	and the second
Start Co-5118	Services Service A	gent Fort	MEDICAL REVIEN	A CEFICE - IMI A SN STE D	LIA VIVES, MD
	to Aller		NEET MELEOURN	5, FL 32904	
26.00	E HWY 158		Phone 1		
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Donor SSN or Employee	I.D. No.		Code:		ning also a strange and and the second
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MIDLAND, 1X 7				Fax No	
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nperature between 90° and 100	0° F? Yes 🛄 No, Enter Ri	emark Collection:	Split Single None	Fluided, Ends richard	
EMARKS	T .		•	· · · · · · · · · · · · · · · · · · ·	
EP 3: Collector affixes t	oottie seal(s) to bottle(s). Col	llector dates seal(s). Dor	tor initials seal(s). Donor o	completes STEP 5 on (	Copy 2 (MRO Copy)
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-					
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(PRINT) Collect	lor/s Name (First All, Last)	Date (Mo/Day/Yr)	Time of Collection	Name of Del	Ivery Service
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certify that I provided my un	DONOR rine specimen to the collector; th formation provided on this form	and on the label affixed to	each specimen bottle is corre	ct.	· · · ·
y preserve, and that the m			HAIDEN		11,15,12
Si	gnature of Donor		(PRINT) Donor's Name (First, M		Date (Mo/Day/Yr)
aytime Phone No.	<u> </u>		( <u>)</u> <u>SAME</u>		(Mo/Day/Yr)
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	ig information province on the form is true and co	A		ation Results Here or per Evident Tape	
Signature of Employee	Date Mon	th Day Year		por Didem Tape	
Step 3: TO BE COMPLETED I					
test, each technician must complete th	ening test is not the same technician who will be conducti teir own form.) I certify that I have conducted alcohol test	ing on the above		. • • •	
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Star Onsite Services 4400 NI Big Spring Midland tx 79705

(MRO)

Midland Memorial Hospital West Campus 4344 4214 Andrews Hwy Midland Tx 79703 Midland Tx 79703 Place Where drug test was taken.

