

Human Performance Group Chairman's Factual Report

**Gray Summit, Missouri
HWY-10-MH-018**

Attachment 5: 2007 Volvo Driver Post-accident Testing

(3 pages)

2001736715 SCREEN



CLINICAL REFERENCE LABORATORY 8433 QUIVIRA • LENEXA, KANSAS 66215

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

88509049 - LAB ACCESSION NO: 40

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No. C. Donor SSN or Employee I.D. No. D. Reason for Test: E. Drug Tests to be Performed: F. Collection Site Address:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Specimen Collection

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s).

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 Federal requirements.

Time and Date of Collection SPECIMEN BOTTLE(S) RELEASED TO: Signature of Collector

RECEIVED AT LAB Primary Specimen Bottle Seal Intact Signature of Accessioner

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine 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 provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor Date of Birth Daytime Phone No. Evening Phone No.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is: Negative Positive Test Cancelled Refusal To Test because: Adulterated Substituted Dilute

REMARKS: Signature of Medical Review Officer (PRINT) Medical Review Officer's Name Date

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is: RECONFIRMED FAILED TO RECONFIRM - REASON Signature of Medical Review Officer (PRINT) Medical Review Officer's Name Date

2001736715

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

CMCN #000115



Specimen Result Certificate

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Attention: Substance Abuse Climate Express-Washington 9701 Landmark Parkway Suite 118 St. Louis, MO 63127	Verification Date 08/06/2010 11:05 AM
Collection Site: 1720 - St. John's Mercy Corp Health- Washington	Medical Review Officer: Dr. Stephen Kracht 7500 W. 110th St, Ste 500 PO Box 25903 888-382-2281

Donor Name: Crabtree, Michael	Donor SSN: [REDACTED]
Date Of Test: 08/05/2010	Other ID:
ID Number: 2001736715	Reason for Test: Post Accident
Laboratory: CRL	Regulation: DOT
	Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	50 ng/mL		Opiates	Negative	2000 ng/mL	
Cocaine	Negative	300 ng/mL		PCP	Negative	25 ng/mL	
Amphetamines	Negative	1000 ng/mL					

Final Result Disposition: Negative

CCF Record Date: 8/6/2010

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
 Dilute
 Positive
 Test Cancelled
 Adulterated
 Refusal to test because
 Substituted

REMARKS:

Dr. Stephen Kracht

[REDACTED SIGNATURE]

8/6/2010 11:05:15 AM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)