



# Specimen Result Certificate

ID Number: 7902540021

Report printed on 1/8/2021 9:21:53 AM

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Attention:

Roy Salmon

Roy Salmon Trucking

9737 Eustice Rd

Randallstown, MD 21133

Verification Date

1/7/2021 10:36 AM

Medical Review Officer:

Dr. Kirk Roberts, M.D.

8140 Ward Parkway Ste 275

Kansas City, MO 64114

888-382-2281

Collection Site:

2826 - Concentra Medical Center - Arbutus

Donor Name: Kelly, Milton

Date Of Test: 12/31/2020

ID Number: 7902540021

Donor SSN: 215-88-8590

Donor ID:

Reason for Test: Random

Laboratory: Quest Diagnostics

Regulation: DOT-FMCSA

Specimen Type: Urine

## Drugs Tested:

Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *	Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation 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 : 1/7/2021 MM/DD/YYYY - Dr. Kirk Roberts, M.D.

### 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. Kirk Roberts, M.D.

1/7/2021 10:36 AM

(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)