



Name of Donor: _____
 DL#: _____ State: FL
 DOB: _____

Customer Name: Glazier Nation

Collection Site: Xpress Screening Solutions Phone: 479-751-2517

(Please fax results to 479-751-2617 upon completion of testing. If test is non-negative, please use CRL form and follow protocol to send to the lab and fax the MRO copy and this form to XSS. Call 479-751-2517 with any questions.)

REASON FOR TESTING:

Pre-Employment Random Suspicion Post Accident Other: _____

TYPE OF TEST: 5 Panel Rapid 10 Panel Rapid OTHER: _____

SPECIMEN TEMPERATURE IN RANGE: (90°-100° DEGREES) YES NO

DRUG TEST COMPLETED ON 9-25-2023 AT 11:14 a.m.
 Date Time

RESULTS: Circle One

*Negative

*Further testing required – Specimen sent to SAMSHA lab. Please allow 48-72 hours for results. If specimen requires MRO review, please allow an additional 48-72 hours for confirmed result. The MRO is the doctor who works for us and may have to confirm any prescriptions. Please have the donor have this available, so if contacted by the MRO, results can be provided in a timely manner.

I certify that the specimen gave to me by the donor identified was collected and tested in accordance to all Xpress Screening Solutions' policies and procedures.

Troy Baker [Signature] 9-25-2023
 Print Collector Name Signature of Collector Date of Signature

I certify that I provided my urine specimen to the collector; that I have not adulterated it any manner; and that the information provided on this form is correct.

[Signature] [Redacted] 09-25-2023
 Signature of Donor Phone Number Date of Signature