



**BACKGROUND
SCREENING REPORT**

P.O. Box 458
New Port Richey, FL 34656
Local: (727) 807-2179 Fax: (800) 987-7815
Toll Free: (800) 771-7703
<http://www.applicantinsight.com>

SUBJECT NAME: Consumer, Jonathan
SOCIAL SECURITY #: 000-00-0001
LOCATION: Sales Training Demo Account
CLIENT ID: S2006-00-0000
REQUEST DATE: 08/11/2008

Confidential Information Enclosed

Information in this Consumer Report must be held in utmost confidence and there must be strict procedures maintained by the recipient to secure information against unauthorized third party access or use.

Information contained in this report is obtained from sources deemed reliable, though the accuracy of the information is not guaranteed. Human error in compiling this information is possible. Reasonable procedures will be followed to ensure the accuracy of information and reinvestigation will be conducted upon request. The Fair Credit Reporting Act requires specific procedures if adverse action is taken, in whole, or in part based upon the information contained in this report.

Drug Testing Results

This test was performed, recorded and reported in accordance with CFR 49 Part 40

Test Results:	Negative	Test Type:	D.O.T. Drug Screen
Positive Drug(s):		Reason for Test:	Pre-employment
Specimen ID:	0123456789	Collection Date:	08/07/2008
Specimen Type:	Urine	Date MRO Received CCF:	08/07/2008
Laboratory:	LABCORP LA		
Date MRO Verified Result:	08/08/2008		

Substances Tested: Amphetamines,Cocaine Metabolites,Marijuana (THC),Phencyclidine (PCP),Opiates

Comments:

Cut-off Levels:

MRO: University Services
Address: 10551 Decatur Rd.
City: Suite 200
Philadelphia PA 19154

Contact: Dr. Benjamin Gerson
Phone: (215) 637-6800
Fax: (215) 637-6998

BDG-PTP Laboratory Corporation of America Holdings
0788 Roselle St, San Diego, CA 92121
19 First Ave., Raritan, NJ 08869
904 Alexander Dr., Research Triangle Park, NC 27709
229 Madison, Ste. 500, Seattle, WA 98104 (DrugProof)
120 Main Street, Southaven, MS 38671
202 North Gessner, Houston, TX 77040

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Printed: 10/04
3000

Customer Svc: 800-833-3984

SPECIMEN I.D. NO. **0852312366**

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. **AI/DOT/GERSON PO BOX 459**
B. MRO Name, Address, Phone and Fax No. **UNIVERSITY SERVICES ATTN: DR. BENJAMIN GERSON 10551 DECATUR RD./STE 200 PHILADELPHIA PA 19154 215-637-6800 FAX: 215-637-6998**

C. Donor SSN or Employee I.D. No. **000 000001** LOCATION CODE:
D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____
E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____



F. Collection Site Address: **ABC Testing 123 Shady Ln NPR, FL 34052**
Collector Phone No. **727.555-1234**
Collector Fax No. **727.555-2345**

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? Yes No, Enter Remark _____
Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

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, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

Signature of Collector: **John Smith**
Time of Collection: **10:00 AM**
Date (Mo/Day/Yr.): **8/17/10**
SPECIMEN BOTTLE(S) RELEASED TO: **Labcorp Courier**
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:
 Primary Specimen Bottle Seal Intact Yes No, Enter Remark Below
Signature of Accessioner: _____
Date (Mo/Day/Yr.): _____

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: **Jonathan Consumer**
(PRINT) Donor's Name (First, MI, Last)
Date (Mo/Day/Yr.): **08/17/10**
Daytime Phone No. **727.555.1262** Evening Phone No. **727.555-1263** Date of Birth **1/1/67**

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. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (COPY 5). -DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

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:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS:
Signature of Medical Review Officer: _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo/Day/Yr.) _____

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 (First, MI, Last) _____ Date (Mo/Day/Yr.) _____

OMB No. 0930-0158