

Test Results


Date Results Transmitted: 2019-04-10 2:59 PM
Transmitted By: DRN
Participant/Donor: RYAN ACHENBACH
SSN/EID: 9733449
CCF/Specimen ID: AA07014186
Specimen Type: URINE
Company: CleanFleet
Location: CLEANFLEET
Lab Account Number: 10631258

Reason for Test: OTHER
Date Specimen Collected: 2019-03-29
Laboratory: Quest Diagnostics
Collection Site: CLEANFLEET-JUBITZ
Collection Site Phone: 5034796082
Program: NONDOT
Date MRO Received CCF Copy 2: 2019-04-10
Date Test Verified by MRO: 2019-04-10

Test Results

Panel - Anabolic Steroids & Diuretics 23360N			
Drug	Results	Screen	Confirm
Anabolic Steroids	NEGATIVE		
Diuretics	NEGATIVE		

MY DETERMINATION/VERIFICATION IS: **NEGATIVE**

Certified Medical Review Officer
David Nahin M.D. Signature 

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9501 NORTHFIELD BLVD, DENVER, CO 80238 | Phone: 877-585-7366 | Fax: 855-253-5666





AA07014186

SPECIMEN ID

CLIENT NO. 10631258



LAB ACCESSION NO.

Employer Name, Attention, Address, Phone and Fax No. CLEANFLEET 9111 SE SAINT HELENS ST CLACKAMAS, OR 97015 Phone#: (503)479-6082 Fax#: (503)978-1603	MRO Name, Attention, Address, Phone and Fax No. DAVID NAHIN MD I3SCREEN 9501 NORTHFIELD BLVD DENVER, CO 80238 Phone#: (877)585-7366 Fax#: (855)253-5666
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Donor ID: **9733449** (DL) Donor Name: **Achenbach, Ryan**
 Donor ID Verify by: **Photo ID**
 Reason for Test: **OTHER - 99 - Personal**
 Tests to be Performed: **(23360N) SPORTS PANEL II-EXP**

FORMFOX ORDER

Collection Site Name: **CleanFleet - Clackamas** Collection Site Code: **FF00086785**
 Address: **9111 SE Saint Helens St**
 City, State and Zip: **Clackamas, OR 97015-9780**
 Collector Phone No.: **(503)479-6082**
 Collector Fax No.: **(503)978-1603**

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

REMARKS:

I certify that the specimen given to me by the donor identified in donor certification section of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Heather Gray Signature of Collector
 10:28 AM PDT Time of Collection
 3/29/2019 Date (Mo./Day/Yr)
 SPECIMEN(S) RELEASED TO: FED-Ex

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

COMPLETED BY DONOR

I certify that I provided my specimen(s) to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen container is correct.

X Ryan Achenbach Signature of Donor
 Ryan Achenbach (Print) Donor's Name (First, MI, Last)
 3/29/2019 Date (Mo./Day/Yr)
 Daytime Phone No. (503)995-7976 Evening Phone No. (503)995-7976 Date of Birth 9/17/1984
 Mo. Day Yr.

COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

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

COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED FAILED TO RECONFIRM - REASON _____
X _____ Signature of Medical Review Officer
 _____ (PRINT) Medical Review Officer's Name (First, MI, Last)
 _____ Date (Mo./Day/Yr.)

Collector Copy

REF : ORDER: 0081840
 Svc: PRIORITY OVERNIGHT
 TRACK: 4711 3087 4767
 (800) 877-7484 | SHIP DATE:



Authorization Form

Authorization #



3 3 2 8 4 6 5 6

Order Expiration Date/Time: 05/01/2019 05:00 AM PDT

Subject Information

Name: **Ryan Achenbach**
Drivers License: **9733449**
Phone #: **Not Provided**

Employer Information

Name: **CLEANFLEET**
Address: **9111 SE SAINT HELENS ST
CLACKAMAS, OR 97015**
Phone #: **Phone#: (503)479-6082 Fax#: (503)978-1603**

Service(s) to be Performed

Personal

Single Urine

**Quest Diagnostics - 10631258 - (23360N) SPORTS PANEL II-
EXP**

Billing Information

Medical Review Officer

Name: **DAVID NAHIN MD**
Company: **I3SCREEN**
Name:
Address: **9501 NORTHFIELD BLVD
DENVER, CO 80238**
Phone #: **(877)585-7366**