



# Drug Test Report

1111 Newton Street  
 Gretna, LA 70053  
 (800) 433-3823 - (504) 361-8989  
 FAX: (504) 361-8298

WAKE FOREST URGENT CARE  
 DR. BILL CLARK  
 2115 A SOUTH MAIN STREET  
 WAKE FOREST, NC 27587-0000  
 Facility Phone: (919) 570-2000 Fax: (919) 570-2001

Account Number: 111468  
 Facility Number: 159164  
 Lab Number: 30876220  
 Specimen ID Number: 34479750  
 Specimen Type:

Collection Site Number: 41330  
 Collection Site Name: WAKE FOREST URGENT CARE  
 Collection Site Address: 2115 A SOUTH MAIN STREET  
 Collection Site City, State Zip: WAKE FOREST, NC 27587  
 Collection Site Phone: 919-570-2000  
 Collection Site Fax: 919-570-2001

**Donor Name/ID: BOISVERT, WILLIAM W** Date Collected: 6/30/2011  
 Donor SSN/ID: 106-40-7685 Date Received: 7/1/2011  
 Reason For Drug Test: PRE EMPLOYMENT Date Reported: 7/1/2011

Panel Number: 25 Panel Description: \*\*5 DRUG BE150/AMPH500 + MDMA & 6AM\*\*

Drug Test Result: **NEGATIVE**

Screening Method: IA Confirmation Method: GC/MS

The following drugs and/or drug classes were tested at the indicated threshold (cut-off) levels:

Description	Screening Level	Confirmation Level	Result
6-ACETYLMORPHINE	10.0 NG/ML	10.0 NG/ML	NEGATIVE
AMPHETAMINES	500 ng/ml	250 ng/ml	NEGATIVE
BENZOYLECGONINE-COCAINE METAB	150 ng/ml	100 ng/ml	NEGATIVE
MARIJUANA METABOLITE	50 ng/ml	15 ng/ml	NEGATIVE
METHYLENEDIOXYMETHAMPHETAMINE	500 ng/ml	250 ng/ml	NEGATIVE
OPIATES	2000 ng/ml	2000 ng/ml	NEGATIVE
PHENCYCLIDINE	25 ng/ml	25 ng/ml	NEGATIVE

ANGELIQUE CLARKE - CERTIFYING SCIENTIST



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 2115 A SOUTH MAIN STREET  
 WAKE FOREST, NC 27587-0000

Facility Phone: (919) 570-2000 Fax: (919) 570-2001

Account Number: 111468  
 Facility Number: 159164  
 Lab Number: 30876211  
 Specimen ID Number: 34479752  
 Specimen Type:

Collection Site Number: 41330  
 Collection Site Name: WAKE FOREST URGENT CARE  
 Collection Site Address: 2115 A SOUTH MAIN STREET  
 Collection Site City, State Zip: WAKE FOREST, NC 27587  
 Collection Site Phone: 919-570-2000  
 Collection Site Fax: 919-570-2001

**Donor Name/ID: PRAWDZIK, MARK E**

Donor SSN/ID: 368-15-5404

Reason For Drug Test: PRE EMPLOYMENT

Date Collected: 6/30/2011

Date Received: 7/1/2011

Date Reported: 7/1/2011

Panel Number: 141

Panel Description: \*\*10 DRUG BE150/AMPH500 + MDMA & 6AM\*\*

**Drug Test Result: NEGATIVE**

Screening Method: IA

Confirmation Method: GC/MS

The following drugs and/or drug classes were tested at the indicated threshold (cut-off) levels:

Description	Screening Level	Confirmation Level	Result
6-ACETYLMORPHINE	10.0 NG/ML	10.0 NG/ML	NEGATIVE
AMPHETAMINES	500 ng/ml	250 ng/ml	NEGATIVE
BARBITURATES	300 ng/ml	300 ng/ml	NEGATIVE
BENZODIAZEPINES	300 ng/ml	300 ng/ml	NEGATIVE
BENZOYLECGONINE-COCAINE METAB	150 ng/ml	100 ng/ml	NEGATIVE
MARIJUANA METABOLITE	50 ng/ml	15 ng/ml	NEGATIVE
METHADONE	300 ng/ml	300 ng/ml	NEGATIVE
METHAQUALONE	300 ng/ml	300 ng/ml	NEGATIVE
METHYLENEDIOXYMETHAMPHETAMINE	500 ng/ml	250 ng/ml	NEGATIVE
OPIATES	2000 ng/ml	2000 ng/ml	NEGATIVE
PHENCYCLIDINE	25 ng/ml	25 ng/ml	NEGATIVE
PROPOXYPHENE	300 ng/ml	300 ng/ml	NEGATIVE

ANGELIQUE CLARKE - CERTIFYING SCIENTIST