

LIST OF MEDICINES

1. Tramadol
2. Percoset
3. Flexoril
4. Prysofol
5. Medazolan
6. Ketamine
7. Tercin (Terodoloricin)
8. Epidural Steroid Injections

PH.5.
S.G.
SIA
8/1/09
1-020

Griffin/080-48-5699/297

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. _____

A. Employer Name, Address, LD No.
 NYCT
 100 LINDENSTON ST RD 4024
 BROOKLYN NY 11201
 PH: 347-643-8596 FAX: 347-643-8196

B. MRO Name, Address, Phone and Fax No.
 ST BLAK BERRER
 NYCTA
 100 LINDENSTON ST RD 4024
 BROOKLYN NY 11201
 PH: 347-643-8551 FAX: 347-643-8586

PERF ID: HLNCTA
 Steven Griffin
 Conduct
 LC 0345

C. Donor SSN or Employee ID No. 13410314
D. Type of Test Conducted (Mark one)
 1. Pre-employment
 2. Post-employment
 3. For Cause
 4. Other

E. Collection Site Name NYCT/PTST/ROCS
Address: 288A HUNTERS AVE NY 11225
City, State and Zip: BROOKLYN NY 11225

Remarks:
 4024
 8-58-74-146307021
 1. Random
 2. Periodic Medical
 3. Personal Injury
 4. Pre-employment
 5. Post-employment
 6. For Cause
 7. Other

Time of Accident: _____

Collector Phone No: 212-724-9415
Collector Fax No.: 718-724-9427

STEP 2: COMPLETED BY DONOR

Signature of Donor: Steven Griffin
Date of Test: 08/03/12

Signature of Employer: David Kerrison MD
Date of Test: 11/17/12

Signature of Medical Review Officer - Primary Specimen: David Kerrison MD
Date of Test: 11/17/12

Signature of Medical Review Officer - Secondary Specimen: _____
Date of Test: _____

RESULTS:
 POSITIVE
 NEGATIVE
 DILUTE
 TEST CANCELLED
 REFUSAL TO TEST
 AMONGED
 SUBSTITUTED

REMARKS:
 Positive for Cocaine

STEP 3: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

Signature of Medical Review Officer: _____
Date of Test: _____

STEP 3: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

Signature of Medical Review Officer: _____
Date of Test: _____

REMARKS:
 RECORDED
 FAILED TO RECORD - REASON: _____

NYCT-080-48-5699

COPY 3 - COLLECTOR COPY

COPY FROM NYA/NYCT/DBU - 28317464

LABORATORY REPORT REPRINT

28321459 AREA/ROUTE/STOP: XXXXXXXX
 DR ALAN GENSE
 NYCTA
 188 LIVINGSTON ST RM 518G
 BROOKLYN, NY 11281



Quest *Steven Gilpin*
 Diagnostics

PATIENT NAME	PARTICIPANT ID	ROOM NO.	AGE	SEX	ETHNICITY
541R54					
LAB REGISTRATION NO./ACCESSION NO.	LAB POP. #	COLLECTOR DATE & TIME	LOG-IN DATE	FAA DATE	A TIME
1 7275531 444901C		11/05/2012 03:58PM	11/06/2012	11/07/2012	07:31AM

REMARK: Client Site Location:
 REASON FOR TEST: RTV 21-30 DAYS
 DONOR ID VERIFIED:

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE																																	
			IN RANGE	OUT OF RANGE																																				
REPORT FOR:		NYA/NYCT/DBU - 28317464 NAME: GENSE 188 LIVINGSTON ST RM 482G BROOKLYN, NY 11281																																						
		*** POSITIVE/ABNORMAL REPORT ***																																						
Tests Ordered:		42857N (SAP 8-58+NDMA/GAM/T)																																						
Integrity Checks		Acceptable Range																																						
CREATININE		187.1 ng/dL				>= 28 ng/dL																																		
pH		5.7				4.5-8.9																																		
OXIDIZING ADULTERANTS		Negative																																						
Substance Abuse Panel		<table border="1"> <thead> <tr> <th></th> <th>Initial Test Level</th> <th>MS Confirm Test Level</th> </tr> </thead> <tbody> <tr> <td>AMPHETAMINES</td> <td>500 ng/mL</td> <td>250 ng/mL</td> </tr> <tr> <td>BARBITURATES</td> <td>300 ng/mL</td> <td>300 ng/mL</td> </tr> <tr> <td>BENZODIAZEPINES</td> <td>300 ng/mL</td> <td>150 ng/mL</td> </tr> <tr> <td>COCAINE METABOLITES</td> <td>150 ng/mL</td> <td>100 ng/mL</td> </tr> <tr> <td>MARIJUANA METABOLITES</td> <td>50 ng/mL</td> <td>15 ng/mL</td> </tr> <tr> <td>METHAMPHETAMINE</td> <td>300 ng/mL</td> <td>300 ng/mL</td> </tr> <tr> <td>MDA ANALOGUES</td> <td>500 ng/mL</td> <td>250 ng/mL</td> </tr> <tr> <td>OPIODATES</td> <td>2000 ng/mL</td> <td>2000 ng/mL</td> </tr> <tr> <td>O-NONACETYLMORPHINE</td> <td>10 ng/mL</td> <td>10 ng/mL</td> </tr> <tr> <td>PHENCYCLIDINE</td> <td>25 ng/mL</td> <td>25 ng/mL</td> </tr> </tbody> </table>							Initial Test Level	MS Confirm Test Level	AMPHETAMINES	500 ng/mL	250 ng/mL	BARBITURATES	300 ng/mL	300 ng/mL	BENZODIAZEPINES	300 ng/mL	150 ng/mL	COCAINE METABOLITES	150 ng/mL	100 ng/mL	MARIJUANA METABOLITES	50 ng/mL	15 ng/mL	METHAMPHETAMINE	300 ng/mL	300 ng/mL	MDA ANALOGUES	500 ng/mL	250 ng/mL	OPIODATES	2000 ng/mL	2000 ng/mL	O-NONACETYLMORPHINE	10 ng/mL	10 ng/mL	PHENCYCLIDINE	25 ng/mL	25 ng/mL
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Quantitative Results		COCAINE METABOLITE 160 ng/mL POSITIVE																																						
CERTIFYING SCIENTIST:		KPAR81 >> REPORT CONTINUED ON NEXT PAGE <<																																						

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 337026
MEDICAL ASSOC OF WALL ST-DRUG
MRO: GLENN GANDELMAN, M.D.
MEDICAL ASSOC OF WALL ST
156 WILLIAM ST GROUND FL
NEW YORK, NY 10038

Accession #: J1788092
Specimen I.D.: V13435021
Donor Name/ID: GRIFFIN, STEVEN
SSN: 080-48-5699
Age: Sex:
Reason for test: Pre-Employment

General Information	Date Collected	Date Received	Date Reported
	11/09/2012 11:46	11/10/2012	11/10/2012 2:21PM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 88180			
AMPHETAMINES	NEGATIVE	ng/ml	
BARBITURATES	NEGATIVE	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA (THC) METABOLITE	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
METHAQUALONE	NEGATIVE	ng/ml	
PROPOXYPHENE	NEGATIVE	ng/ml	
CREATININE, URINARY	150.3	mg/dl	> - 20

THE DRUGS IN THIS PROFILE ARE SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT IS CONFIRMED BY GAS CHROMATOGRAPHY WITH MASS SPECTROMETRY (GC/MS). THE FOLLOWING THRESHOLD CONCENTRATIONS ARE USED FOR THIS ANALYSIS:

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
BARBITURATES	300 NG/ML	300 NG/ML
BENZODIAZEPINES	300 NG/ML	300 NG/ML
COCAINE METABOLITE	300 NG/ML	150 NG/ML
OPIATES	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
METHAQUALONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML

ALTERNATE EXPLANATIONS SHOULD BE CONSIDERED FOR ANY POSITIVE RESULT.
ADULTERATION SCREEN - OXIDANTS
NITRITES NEGATIVE mcg/ml < 200

NITRITES ARE SCREENED BY COLORIMETRIC METHODS. NITRITE LEVELS IN EXCESS OF 500 NG/ML ARE CONSIDERED ABNORMAL.

Certified by: TOMASZEWSKI, JEFF ** FINAL REPORT **

Collected at 2122333040 MEDTOX collection site #8211
MEDICAL ASSOCIATES OF WALL STREET
NEW YORK, NY