

Submittable: 6/24/19

### MEDGRUPPE POLYCLINICS & DIAGNOSTIC CENTER, INC.

2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA  
Mabolo, 6000 Cebu City, Philippines  
Tel. Nos. (032) 232-2273 \* (032) 266-3245

### SERVICE ORDER

SO No.: 0000758958  
Date: 6/24/2019  
Ref. No.: 758958  
Date of Birth: 09/27/97

Patient Name: **AGRABIO, NEIL VINCENT**  
HMO No.: \_\_\_\_\_ Gender **M** Age **21 yrs. old**  
Address: **CEBU CITY**  
Result: **For Delivery** Referred by: **IPLOY INC.,**

QTY.	ITEM NO.	DESCRIPTION	DISCOUNT	UNIT PRICE	AMOUNT
1	3811	DRUG TEST	0.00	650.00	650.00

NOTE: PLS. COMPLY ALL THE TESTS WITHIN THE DATE OF AVAILMENT OTHERWISE IT WILL BE OF PERSONAL EXPENSE.

**NON-TERMS DOWN**  
**JUN 24 2019**

Payment Method: **COMPANY**  
Employer: **IPLOY INC.**  
Charge To: **IPLOY INC.**  
Remark: **APRIL**  
Check-up Type: **DIAGNOSTIC**

Other Charges 0.00  
Less Discount 0.00  
Total Amount 650.00

**VALIDATED BY:**  
*[Signature]*

Customer Signature

Verified by

Date printed: 6/24/2019

*pre-emp*

VO

Report ID: DTO-R03



DEPARTMENT OF HEALTH  
MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC  
2L APM CENTRAL MALL, SORIANO AVENUE, MABOLO, CEBU CITY  
Phone Number 266 3245

QI982797  
61

### DRUG TEST REPORT

CCF No: 201906240029  
Name: **AGRABIO, NEIL VINCENT**  
Birthdate: 09/27/1997 Age: 21 Gender: M

Transaction Date Time: 6/27/2019 9:35:00AM  
Report Date Time: 6/28/2019 11:26:59AM

Test Method TEST KIT

Purpose Private Employment

Requesting Parties IPLOY

### Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

07 MS. AIMEN JOY GRONIFILLO AGURO

DR. PETER SANSON AZNAR

20

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

**PRIME CARE CEBU**

Annual Physical Examination [ ]

Pre-Employment [ ]

Last Name Agrabio First Name Neil Vincent M.I. \_\_\_\_\_ Date 6/29/19  
 Address 78-I Sto. Nino II Cabanfan Age 21 Civil Status S Sex M  
 Place of Birth Cebu City Date of Birth 9/27/97 Insurance Provider \_\_\_\_\_  
 Occupation Employed (cc) Name of Company IPLOY Tel. / Mobile no. 09474809013

**PHYSICAL EXAMINATION**

Temp.: 36.8 °C PR: 95 bpm RR: 16 bpm BP: 120/80 mmHg Ht: 166 cm Wt: 94 kgs.  
 Visual Acuity: Right Eye: 20/20 Left Eye: 20/20 BMI: 34.1 Underweight:  Overweight:   
 (With/ Without eyeglasses) Normal Weight:  Obese:

**MEDICAL HISTORY**

Past Medical History: 1 year / 4 yrs / 1 year / 1 year / 1 year  
 Family History: \_\_\_\_\_  
 Previous Hospitalization: \_\_\_\_\_  
 Menstrual History: y.o Parity: \_\_\_\_\_ LMP: \_\_\_\_\_ Contraceptive Use: \_\_\_\_\_

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	<input checked="" type="checkbox"/>		Lungs	<input checked="" type="checkbox"/>	
Eyes & Ears	<input checked="" type="checkbox"/>		Heart	<input checked="" type="checkbox"/>	
Skin / Allergy	<input checked="" type="checkbox"/>		Abdomen	<input checked="" type="checkbox"/>	
Nose & Sinuses	<input checked="" type="checkbox"/>		Genitals	<input checked="" type="checkbox"/>	
Mouth / Teeth / Tongue	<input checked="" type="checkbox"/>		Extremities	<input checked="" type="checkbox"/>	
Neck / Nodes	<input checked="" type="checkbox"/>		Reflexes	<input checked="" type="checkbox"/>	
Chest/ Breast	<input checked="" type="checkbox"/>		BPE	<input checked="" type="checkbox"/>	

Laboratory	Normal	Findings	Laboratory	Normal	Findings
Chest X-Ray	<input checked="" type="checkbox"/>		ECG	<input checked="" type="checkbox"/>	
CBC	<input checked="" type="checkbox"/>		Other Procedures:	<input checked="" type="checkbox"/>	
Urinalysis	<input checked="" type="checkbox"/>				
Fecalalysis	<input checked="" type="checkbox"/>				
Drug Test	<input checked="" type="checkbox"/>				

I certify that I have examined and found the employee to be physically [ ] Fit [ ] Unfit for employment.

Classification:

- CLASS A Physically fit for all types of work
- CLASS B Physically fit for all types of work  
 Has minor ailment/ defect. Easily curable or offers no handicap to job applied.  
 Needs treatment/ correction Obese  
 Treatment optional for: \_\_\_\_\_
- CLASS C Physically fit for less strenuous type of work. Has minor ailments/ defects.  
 Easily curable or offers no handicap to job applied.  
 Needs treatment/ correction \_\_\_\_\_  
 No treatment needed for: \_\_\_\_\_
- CLASS D Employment at the risk and discretion of the management
- CLASS E Unfit for employment
- PENDING For further evaluation of: \_\_\_\_\_

Remarks:

Neil Vincent  
 Patient's Signature

6/25/19  
 Date Examined

AMARO T. FLORIDA, MD  
 License No. 33180

Medical Examiner

License No.: \_\_\_\_\_





Prime CARE  
C E B U

**MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.**  
2<sup>ND</sup> Floor, APM Centrale Mall, Soriano Ave., NRA, Brgy. Mabolo, Cebu City, Philippines 6000  
Tel. No. (032) 232-2273 Fax: (032) 234-2273  
**CUSTODY AND CONTROL FORM**  
(Form DT-002A - COPY FOR THE DONOR)

SPECIMEN ID NO. 6445 LAB ACCESSION NO. 06240029

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

√ A. Client's/Donor's/Subject's Name <u>AGRADIO, NEIL VINCENT</u>	√ B. Address: <u>CABANTAN, CEBU CITY</u>	√ C. Age: <u>21</u>	√ D. Sex: <u>M</u>
√ E. Employer Name and Address <u>9<sup>th</sup> Floor, Agala Center Cebu Tower Bldg (Arelt, CDP C.C., (PLOY)</u>			
F. Type of Specimen: <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Others(specify) _____	G. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Duty <input type="checkbox"/> Random <input type="checkbox"/> Mandatory <input type="checkbox"/> Follow-up <input type="checkbox"/> Others (specify) _____		
H. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input checked="" type="checkbox"/> THC & MET Only <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Others (specify) _____			

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 32°C and 38°C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Collection: <input checked="" type="checkbox"/> Observed <input type="checkbox"/> Unobserved Specimen Sampling: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Split Specimen Volume: <u>U</u> ml. Physical Appearance: Color: _____	Other Observation (Enter Remark)
---	--	----------------------------------

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.  
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 Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

X _____ Signature of Collector <u>FRANCIS CRISTO GAROL</u> (PRINT) Collector's Name (first, MI, Last)	Time of Collection <u>AM/PM</u> <u>JUN 24 2019</u> Date (Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab.
--	---	--

RECEIVED AT LAB: X _____ Signature of Accessioner <u>STEP 5</u> (PRINT) Accessioner's Name (First, MI, Last)	STATUS OF THE SPECIMEN (a) Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Transport Device _____ (c) Description _____	SPECIMEN BOTTLE(S) RELEASED TO: _____ Signature & Printed Name of Receiving Person Print Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____
--	---	---

STEP 5 COMPLETED BY THE 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 affixed bottle is correct.

√ _____ Signature of Donor	√ <u>AGRADIO, NEIL VINCENT</u> (PRINT) Donor's Name (First, MI, Last)	√ <u>6 29 19</u> Date (Mo/Day/Yr)
√ Contact No. <u>09979609013</u>		√ Date of Birth <u>9 12 97</u> Mo Day Yr

Additional information may be asked from you by the laboratory particularly on drugs and medications.

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

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

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTED  ADULTERATED  SUBSTITUTED  
 OTHERS (Specify) \_\_\_\_\_

REMARKS \_\_\_\_\_

X _____ Signature & Name of Analyst (First, MI, Last) <u>AIMEN JOY G. AGURO, RMT</u>	Signature & Name of Head of Laboratory (First, MI, Last) <u>PETER S. AZNAR, M.D., F.P.S.P.</u>	_____ Date (Mo/Day/Yr)
--	---	---------------------------

STEP 7: COMPLETED BY CONFIRMATORY LABORATORY

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

CONFIRMED FOR:  CHALLENGE  FAILED TO CONFIRM - REASON \_\_\_\_\_  
 THC  MET  OTHERS \_\_\_\_\_

X _____ Signature of Analyst	(PRINT) Signature & Name of Head of Laboratory (First, MI, Last)	_____ Date (Mo/Day/Yr)
---------------------------------	--	---------------------------

STEP 8: TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL)

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

RECONFIRMED FOR:  FAILED TO CONFIRM - REASON \_\_\_\_\_  
 THC  MET  OTHERS \_\_\_\_\_

X _____ Signature of Analyst	(PRINT) Signature & Name of Head of Laboratory (First, MI, Last)	_____ Date (Mo/Day/Yr)
---------------------------------	--	---------------------------

1. Form DT - 002A - Copy for the Donor
2. Form DT - 002B - Copy for the Collection Site
3. Form DT - 002C - Copy for the Laboratory
4. Form DT - 002D - Copy for the Confirmatory Laboratory (or Positive Sample)





# Medgrupp Polyclinics & Diagnostic Center, Inc.

2nd Level, APM Centre, A. Soriano Jr. Ave., N.R.A. Mabolo, Cebu City, 6000 Philippines  
Tel Nos. (032) 232-2273 \* (032) 266-3245

LABORATORY DEPARTMENT  
License TO OPERATE No.: 07-065-17-AS-2

No.: 167860

SO No.: 00758958

Name: AGRABIO, NEIL VINCENT

Age: 21 yrs. Date: 6/24/2019

Requested by:

Sex: MALE

Patient Status:

Company: IPLOY INC.,  
Charge To: IPLOY INC.,

## COMPLETE BLOOD COUNT

		Normal Values
( ) WBC	9,900 /mm <sup>3</sup>	5,000-10,000 /mm <sup>3</sup>
( ) RBC	4.80 x 10 <sup>6</sup> /mm <sup>3</sup>	<b>Adult</b> F: 4.2 - 5.4 X 10 <sup>6</sup> /mm <sup>3</sup> M: 4.7 - 6.10 X 10 <sup>6</sup> /mm <sup>3</sup> <b>Pedia</b> F: 4.0 - 5.1 X 10 <sup>6</sup> /mm <sup>3</sup> M: 4.0 - 5.3 x 10 <sup>6</sup> /mm <sup>3</sup>
( ) Hemoglobin	14.40 gm%	F: 12-15gm% M: 14-17gm%
( ) Hematocrit	43.20 gm%	F: 38-48vol% M: 40-50vol%
<b>Differential Count</b>		
Neutrophils	53 %	45-65%
Lymphocytes	37 %	20-35% *
Monocytes	6 %	2-9%
Eosinophils	4 %	0-6%
Basophils	%	0-2%
Platelet Count	353,000 /mm <sup>3</sup>	150,000-450,000 /mm <sup>3</sup>
Others		

HBSAg  
Anti-HAV IGM

NOTE: \*RESULT CHECKED MANUALLY

FLORA MAE B. GALAY, RMT-PRC#55817  
Medical Technologist

PETER S. AZNAR, M.D., F.P.S.P.  
Pathologist  
PRC #72410



# Medgrupp Polyclinics & Diagnostic Center, Inc.

2nd Level, APM Centre, A. Soriano Jr. Ave., N.R.A. Mabolo, Cebu City, 6000 Philippines  
Tel Nos. (032) 232-2273 \* (032) 266-3245

LABORATORY DEPARTMENT  
License TO OPERATE No.: 07-065-17-AS-2

No.: 165417

SO No.: 00758958

Name: AGRABIO, NEIL VINCENT

Age: 21 yrs. Date: 6/24/2019

Physician:

Sex: MALE

Company: IPLOY INC.,

Patient Status:

Charge To: IPLOY INC.,

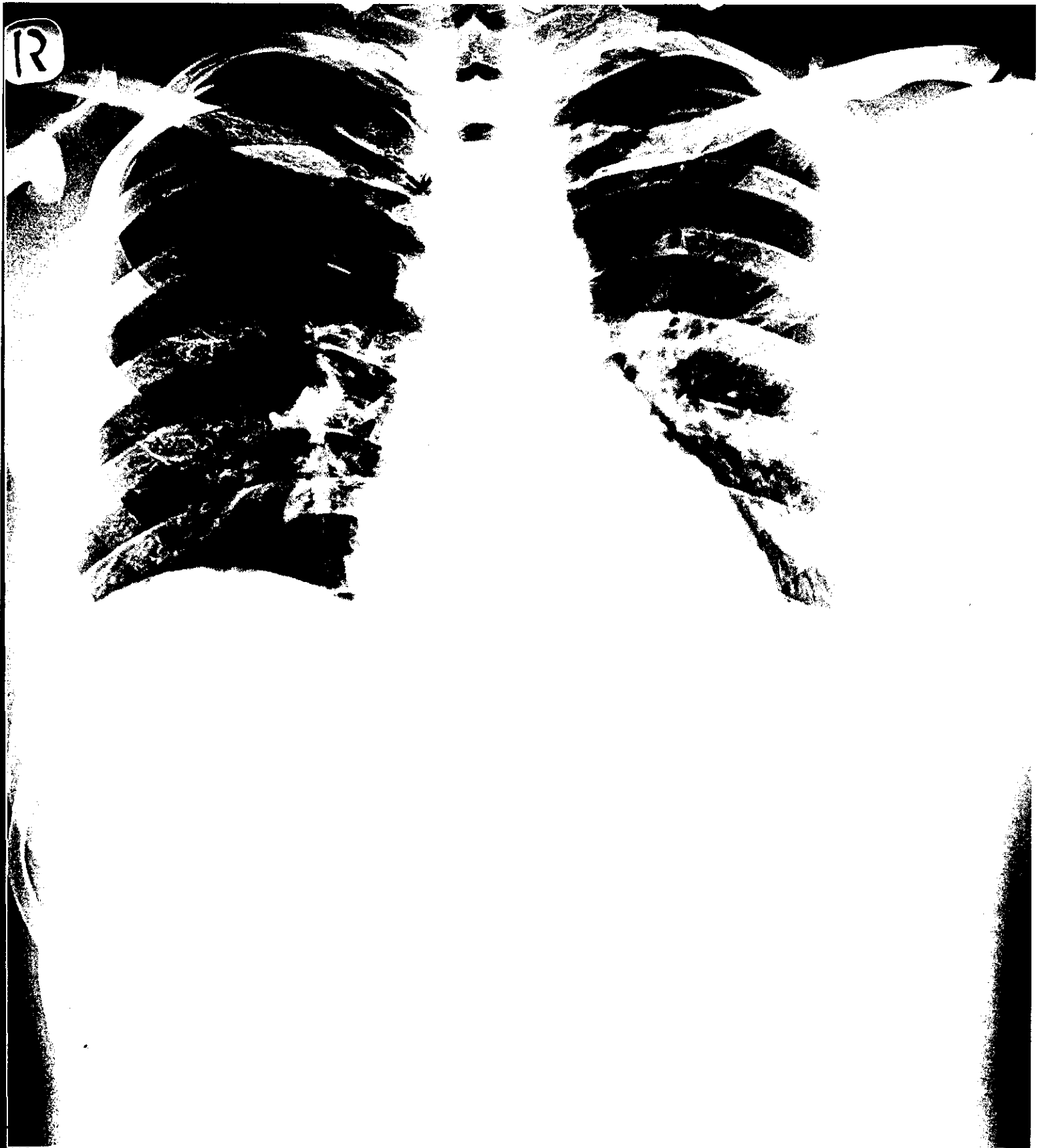
## URINALYSIS

MACROSCOPIC:	
Color	Yellow
Appearance	Clear
pH	6.5
Specific Gravity	1.025
Glucose	Negative
Protein	Negative
MICROSCOPIC:	
RBC / hpf	0-1
WBC / hpf	0-1
Epith. Cells / hpf	Rare
Casts	
Mucus Threads	Rare
Bacteria	Rare
Crystals	
Amorphous (Urates)	Rare
Amorphous (PO <sub>4</sub> )	
MISCELLANEOUS:	
Pregnancy Test	N/A
OTHERS:	

NOTE:

ELISHA MARIE G. BANANAY, RMT  
Medical Technologist

PETER S. AZNAR, M.D., F.P.S.P.  
Pathologist  
PRC #72410



Patient ID: 19-11221 IPLOY INC  
Patient Name: AGRABIO, NEIL VINCENT  
Study Date: 06/24/2019