



Medgrupp Polyclinics & Diagnostic Center, Inc.
 IMMEDIATE MEDICAL AND DENTAL CARE CENTER
 2nd Level, APM Center, A. Soriano Jr. Ave., N.R.A.
 Malabon, Cebu City, 6000 Philippines
 Tel Nos. (032) 232-2273 • (032) 265-3246

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

No. : 175346 SO No. : 00775526

Name : ADVINCULA, MA. SARAH CANAMA Age : 27 yrs. Date : 10/19/2019

Requested by: _____ Company: IPLOY INC., Sex: FEMALE

Patient Status: _____ Charge To: IPLOY INC.,

COMPLETE BLOOD COUNT

		Normal Values
() WBC	5,900 /mm ³	5,000-10,000 /mm ³
() RBC	4.80 x 10 ⁶ /mm ³	Adult F: 4.2 - 5.4 X 10 ⁶ /mm ³ M: 4.7 - 6.10 X 10 ⁶ /mm ³
		Pedia F: 4.0 - 5.1 X 10 ⁶ /mm ³ M: 4.0 - 5.3 x 10 ⁶ /mm ³
() Hemoglobin	13.96 gm%	F: 12-15gm% M: 14-17gm%
() Hematocrit	41.90 gm%	F: 38-48vol% M: 40-50vol%
Differential Count		
Neutrophils	58 %	45-65%
Lymphocytes	33 %	20-35%
Monocytes	5 %	2-9%
Eosinophils	4 %	0-6%
Basophils	%	0-2%
Platelet Count	311,000 /mm ³	150,000-450,000 /mm ³
Others		

HBSAg _____
 Anti-HAV IGM _____

NOTE: _____

RAIZA JEYD D. DELA CUESTA, RMT
 Medical Technologist
 Lic. No. 0088349

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



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

No. : 173130 SO No. : 00775526

Name : ADVINCULA, MA. SARAH CANAMA Age : 27 yrs. Date : 10/19/2019

Physician : _____ Company: IPLOY INC., Sex: FEMALE

Charge To: IPLOY INC., Patient Status: _____

MACROSCOPIC:

Color	Straw
Appearance	Clear
pH	6.5
Specific Gravity	1.010
Glucose	Negative
Protein	Negative

MICROSCOPIC:

RBC / hpf	0-2
WBC / hpf	6-8
Epith. Cells / hpf	Few
Casts	
Mucus Threads	Few
Bacteria	Few
Crystals	
Amorphous (Urates)	Few
Amorphous (PO ₄)	
MISCELLANEOUS:	
Pregnancy Test	N/A

OTHERS: _____
 NOTE: _____

GENETTE A. MARTIN, RMT
 Medical Technologist
 Lic. No. 0030908

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

Annual Physical Examination [] Pre-Employment []

Last Name ADVINCULA First Name NA. SARAH M.I. C. Date 10/19/19
 Address 1156 R. DUTERTE ST. VERANO COMPOUND BANANA, CEBU CITY Age 27 Civil Status SINGLE Sex FEMALE
 Place of Birth PARANAOUE, METRO MANILA Date of Birth 02-06-1992 Insurance Provider MAXICARE
 Occupation CSR - PHONE Name of Company IPLOY STAFFING SOLUTIONS Tel. / Mobile no. 0935-009-423

PHYSICAL EXAMINATION

Temp.: 35.7 °C PR: 68 bpm RR: 14 bpm BP: 100/60 mmHg Ht: 153 cm Wt: 59 kgs.
 Visual Acuity: Right Eye: 20/20-1 Left Eye: 20/20-1 BMI: 25.4 Underweight: Overweight:
 (With/ Without eyeglasses) Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: BA, HYP, DM, FM, 9 Mos Migray
 Family History: Familial Migray & DM
 Previous Hospitalization: Multiple hospitalizations for pregnancy
 Menstrual History: 15 y.o. Parity G3 P3 LMP: 9-22-19 Contraceptive Use: POST NATAL
regular - 5-7 dyl

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		
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		

Ron Russell A. Kho
 Lic. No. 0117767
 Internal Medicine

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"/>	<u>UTI</u>			
Fecalysis	<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 Overweight, UTI
 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:

[Signature]
 / Patient's Signature

10-19-19
 Date Examined

[Signature], M.D.
 Medical Examiner
 License No.: 120143



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www.Medgruppe.Com

DOH-POEA-MARINA ACCREDITED NO. RLS-584-08-04

Patient Name:	ADVINCULA, MA. SARAH CANAMA	X-Ray No./Case No.:	19-18605				
Date of Birth:	2/ 6/1992	Age:	27	Sex:	FEMALE	Date:	OCT 19,2019
Company:	IPLOY INC.,	Examination/Procedure:	CHEST PA				
Referred by:	IPLOY INC.,	Service Order No.:	0000775526				

X-RAY REPORT


FINDINGS:

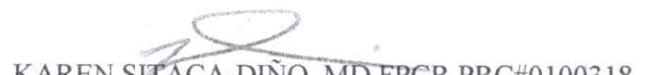
Both lung fields are essentially clear. The heart is normal in size, shape and position. The trachea is in the midline. Both hemidiaphragm and lateral recesses are sharp and distinct. The osseous thoracic cage reveals no significant bony abnormality.

REMARKS:

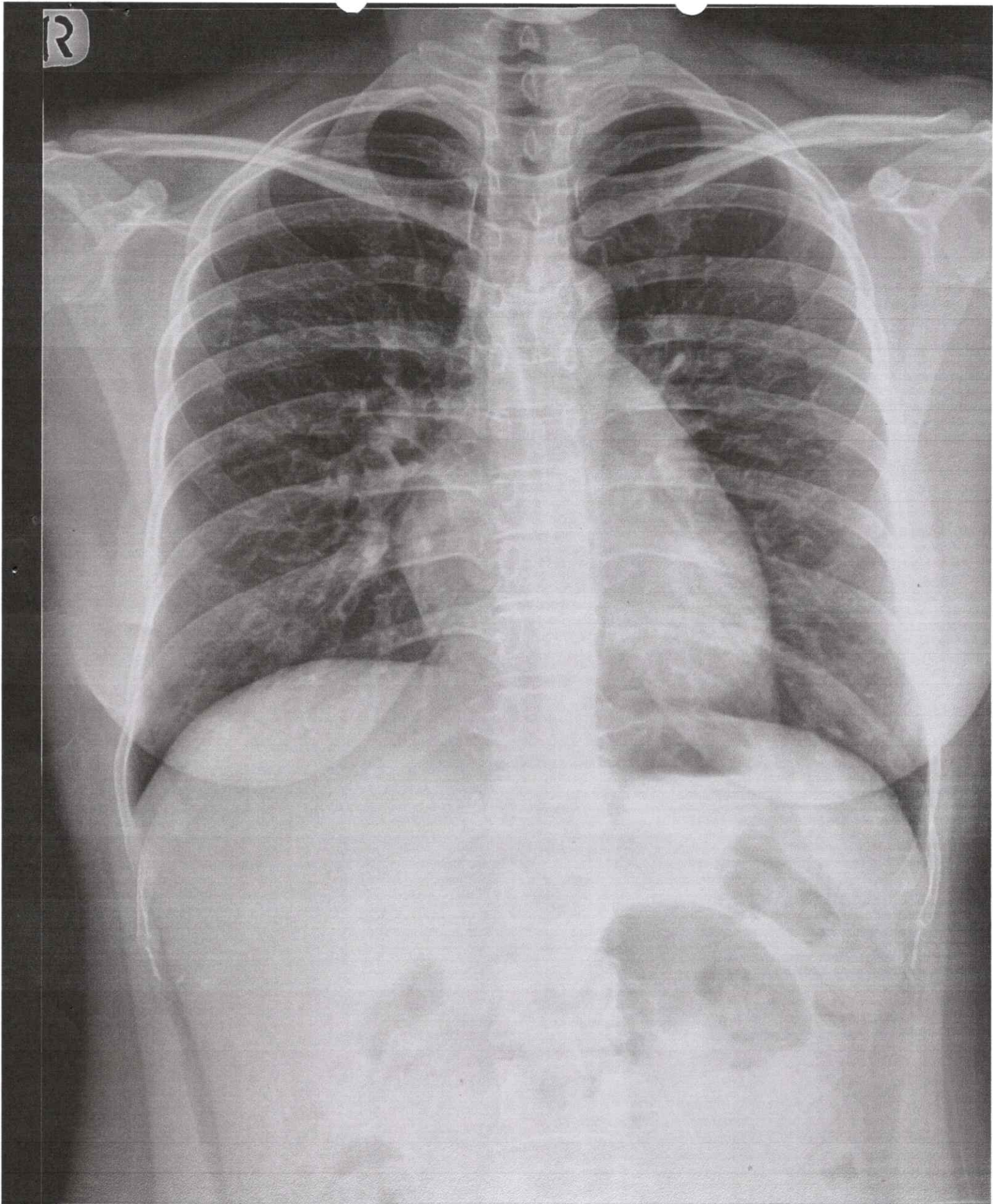
NO SIGNIFICANT CARDIOPULMONARY FINDINGS.

Finding is based on radiographic interpretation. Clinical correlation is suggested.


PATRICK IANDUMALAGAN
Encoder


KAREN SITACA-DIÑO, MD FPCR PRC#0100318
Radiologist

R



Patient ID: 19-18605 IPLOY INC
Patient Name: ADVINCULA, MA. SARAH
Study Date: 10/19/2019



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 2ND 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.

LAB ACCESSION NO.

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

✓ A. Client's/Donor's/Subject's Name MA. SARAH CANAMA ADU INCUA ✓ B. Address: ATALA TORRE CENTER ✓ C. Age: 27 ✓ D. Sex: F
 ✓ E. Employer Name and Address IPLOT STAFFING SOLUTIONS ✓ F. Type of Specimen: ATALA
 F. Type of Specimen:
 Urine Pre-employment Random Reasonable Suspicion/Cause
 Blood Return to Duty Mandatory Post Accident
 Others(specify) _____ Follow-up Others (specify) _____
 H. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & MET Only 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: Specimen Sampling: <u>U</u> <input checked="" type="checkbox"/> Observed <input type="checkbox"/> Unobserved Specimen Volume: _____ ml. Physical Appearance: Color: <u>Y</u>	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>ANALYN O. FLORES</u> (PRINT) Collector's Name (first, MI, Last)	Time of Collection _____ AM/PM <u>OCT 19 2019</u> Date (Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO: Name of Delivery Service Transferring Specimen to Lab.
X _____ Signature of Accessioner <u>ANALYN O. FLORES</u> (PRINT) Accessioner's Name (First, MI, Last)	Date (Mo/Day/Yr) <u>OCT 19 2019</u>	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: [Signature] ✓ (PRINT) Donor's Name (First, MI, Last): MA. SARAH C. ADU INCUA
 ✓ Contact No. 0935-009-4256 ✓ Date of Birth 10/19/19 02/06/1972
 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 JEZEBEL C. CAPIROL-CURATIVO, RMT Signature & Name of Analyst (First, MI, Last)
PETER S. AZNAR, M.D., F.P.S.P. Signature & Name of Head of Laboratory (First, MI, Last)
OCT 19 2019 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)

- Form DT - 002A - Copy for the Donor
- Form DT - 002B - Copy for the Collection Site
- Form DT - 002C - Copy for the Laboratory
- Form DT - 002D - Copy for the Confirmatory Laboratory (Positive Sample)



DEPARTMENT OF HEALTH
MEDGRADUATE POLYCLINICS AND DIAGNOSTIC CENTER, INC
2L APM CENTRAL MALL, SORIANO AVENUE, MABOLO, CEBU CITY 6010 CEBU

Phone Number 266 3245

DRUG TEST REPORT

Q0910692

87

CCF No: 201910190001
Name: ADVINCULA, MA SARAH CANAMA
Birthdate: 02/06/1992 Age: 27 Gender: F

Transaction Date Time: 10/21/2019 7:01:00AM
Report Date Time: 10/21/2019 5:59:02PM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

69 JEZEBEL C. CAPIROL-CURATIVO

Analyst

Approved By

DR. PETER SANSON AZNAR 86

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU