



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

NO SIGNIFICANT CARDIOPULMONARY FINDINGS.

REMARKS:

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.

FINDINGS:

X-RAY REPORT

Service Order No.:	0000776911	Referred by:	IPLOY INC.,
Examination/Procedure:	CHEST PA	Company:	IPLOY INC.,
Date:	OCT 29, 2019	Date of Birth:	5/9/1990
X-Ray No./Case No.:	19-19208	Sex:	FEMALE
		Age:	29
		ABANGAN, MAY FLOR CARACOT	
		Patent Name:	

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

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Mabolo, Cebu City, 6000 Philippines

2nd Level, AFM Centrale, A. Soriano Jr. Ave., N.R.A.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER

Medgruppe Polyclinics & Diagnostic Center, Inc.





MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.
 2nd Floor, APM Central Mall, Soriano Ave., NRA, Brgy. Mabolo, Cebu City, Philippines 6000
 Tel. No. (032) 232-2273 Fax: (032) 234-2273
 (Form DT-002A - COPY FOR THE DONOR)

SPECIMEN ID NO. 1048
 LAB ACCESSION NO. 1029038

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client/Donor/Subject's Name: ADRIAN, MRY FLOK C.
 B. Address: GREENFIELD INYRWAN CC VC. AGE: 29 VD. SEX: F
 C. Reason for Test: FLU ID. (FLU BUSINESS PRTX. CBU CITY
 F. Type of Specimen: Blood Urine Other (specify) _____
 H. Drug Tests to be Performed: /THC, COC, PCP, OPI, AMP /THC & MET Only
 I. Reasonable Suspicion/Cause: Random Mandatory Post Accident Others (specify) _____
 J. Follow-up: Follow-up Others (specify) _____

STEP 2 COMPLETED BY COLLECTOR
 Read specimen temperature within 4 minutes. 32 C and 38 C7
 Specimen Collection: Observed Unobserved
 Specimen Volume: 1.5 ml
 Physical Appearance/Color: Normal Unobserved
 Other Observation (Enter Remark): _____

STEP 3: COLLECTOR AFFIXES BOTTLE SEAL(S) TO BOTTLE(S). COLLECTOR DATES SEAL(S). DONOR COMPLETES STEP 5.
 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.
 Signature of Collector: _____
 Date (Mo/Day/Yr): _____
 Time of Collection: _____ AM/PM
 (PRINT) Collector's Name (first, MI, Last): _____
 Name of Delivery Service Transferring Specimen to Lab: _____
 SPECIMEN BOTTLE(S) RELEASED TO: _____
 STATUS OF THE SPECIMEN: (a) Seal Intact // Yes // No (b) Transport Device: _____ (c) Description: _____
 Signature & Printed Name of Receiving Person: _____
 Date (Mo/Day/Yr): _____
 Print Name (First, MI, Last): _____

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY
 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: _____
 Date (Mo/Day/Yr): _____
 Date of Birth: 05 / 01 / 1970
 No. Day Yr: _____
 Contact No. 0995 912 1047
 Signature of Donor: _____
 (PRINT) Donor's Name (First, MI, Last): _____
 PETER S. ATANAR, M.D., F.P.S.P.
 Signature & Name of Head of Laboratory (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: _____
 Date (Mo/Day/Yr): _____
 Date of Birth: 05 / 01 / 1970
 No. Day Yr: _____
 Contact No. 0995 912 1047
 Signature of Donor: _____
 (PRINT) Donor's Name (First, MI, Last): _____
 PETER S. ATANAR, M.D., F.P.S.P.
 Signature & Name of Head of Laboratory (First, MI, Last): _____
 Date (Mo/Day/Yr): _____

STEP 6: COMPLETED BY HEAD OF SCREENING LABORATORY
 In accordance with applicable Department of Health requirements, my determination/verification is:
 // REFUSAL TO TEST BECAUSE: /ADULTERATED /SUBSTITUTED /OTHERS (Specify) _____
 // NEGATIVE / POSITIVE / TEST CANCELLED / CHALLENGE / OTHERS / OTHERS (Specify) _____
 Signature of Analyst: _____
 Signature & Name of Head of Laboratory (First, MI, Last): _____
 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: /THC /MET /OTHERS / OTHERS (Specify) _____
 // CHALLENGE / OTHERS (Specify) _____
 Signature of Analyst: _____
 Signature & Name of Head of Laboratory (First, MI, Last): _____
 Date (Mo/Day/Yr): _____

STEP 8: TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY ONLY
 In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:
 // RECONFIRMED FOR: /THC /MET / OTHERS / OTHERS (Specify) _____
 Signature of Analyst: _____
 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 Confirmation Laboratory (For Positive Sample)