Medgruppe Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER

2nd Level, AFM Centrale, A. Soriano Jr. Ave., N.R.A. Mabolo, Cebu City, 6000 Philippines
Tel Nos. (032) 232-2273 * (032) 256-3245

LABORATORY DEPARTMENT

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

No.: 175423 SO No.: 00780828

Name : ADALIM, LOUBEJHANE PACQUIAO Age : 23 yrs. Date: 12/02/2019

Physician : Sex : FEMALE

Company : IPLOY INC., Patient Status:

Charge To: IPLOY INC.,

URINALYSIS

MACROSCOPIC:

Color	Yellow
Appearance	Slightly Hazy
pH	6.5
Specific Gravity	1.015
Glucose	Negative
Protein	Negative

MICROSCOPIC:

RBC / hpf	0-2
WBC / hpf	2-3
Epith. Cells / hpf	Moderate
Casts	
Mucus Threads	Few
Bacteria	Few
Crystals	
Amorphous (Urates)	Rare
Amorphous (PO_4)	

MISCELLANEOUS:

Pregnancy Test	N/A

OTHERS:

NOTE:

LEDA BETH S. BETAGANSO, RMT
Medical Technologist
Lic. No. 0088325

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

Medgruppe Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER

2nd Level, AFM Centrale, A. Soriano Jr. Ave., N.R.A. Mabolo, Cebu City, 6000 Philippines
Tel Nos. (032) 232-2273 * (032) 256-3245

LABORATORY DEPARTMENT

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

No.: 177609 SO No.: 00780828

Name: ADALIM, LOUBEJHANE PACQUIAO Age: 23 yrs. Date: 12/02/2019

Sex: FEMALE

Requested by:

Patient Status: Company: IPLOY INC.,

Charge To: IPLOY INC.,

COMPLETE BLOOD COUNT

			Normal Values
( ) WBC	6,500	/mm^3	4,000-10,000 /mm^3
( ) RBC	4.95	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	16.50	gm% *	F: 12-15gm% M: 14-17gm%
( ) Hematocrit	45.10	gm%	F: 38-48vol% M: 40-50vol%
Differential Count			
Neutrophils	61	%	45-65%
Lymphocytes	31	%	20-35%
Monocytes	6	%	2-9%
Eosinophils	2	%	0-6%
Basophils		% --	0-2%
Platelet Count	342,000	/mm^3	150,000-450,000 /mm^3
Others			

HBsAg

Anti-HAV IgM

NOTE:

CHERRY FAYE D. PEÑA,RMT
Medical Technologist
Lic. No. 0050285

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

VI

Report ID: DTO-R03

QK960496
59

DEPARTMENT OF HEALTH
MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.
2L APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU
Phone Number 232-2273

DRUG TEST REPORT

CCF No: 201912020007
Name: ADALIM, LOUBEJHANE PACQUIAO
Birthdate: 07/04/1996 Age: 23 Gender: F

Transaction Date Time: 12/3/2019 7:01:00AM
Report Date Time: 12/3/2019 2:43:58PM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

Drug/Metabolite	*Result*	*Remarks*
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

86 JEZEBEL C. CAPIROL-CURATIVO
Analyst

Approved By

DR. PETER SANSON AZNAR 08
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU

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) 265-3245

SERVICE ORDER

SO No.: 0000700828
Date: 12/02/2019
Ref. No.: 700828
Date of Birth: 07/04/96

Patient Name: ADALIM, LOUBEJHANE PACQUIAO
HMO No.:
Gender: F Age: 23 yrs.old
Address: CAPITOL SITE CEBU CITY
Result: For Delivery
Referred by: IPLOY INC.,

QTY.	ITEM NO.	DESCRIPTION	DISCOUNT	UNIT PRICE	AMOUNT
1	3811	BE, CHEST PA, CBC, UA, 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.

Payment Method: COMPANY
Employer: IPLOY INC.,
Charge To: IPLOY INC.,
Remarks: CATHY
Check-up Type: PRE-EMPLOYMENT

Bio OK 12-2-19

Other Charges	0.00
Less : Discount	0.00
Total Amount	650.00

PRIME CARE CEBU

Customer Signature

VALIDATED BY: Cashier

Verified by:

Encoded: 12/02/2019

ime Care CEBU

IMMEDIATE MEDICAL & DENTAL CARE CENTER

MEDICAL EXAMINATION RECORD

Annual Physical Examination [ ] Pre-Employment [✓]

Last Name ADALIM First Name LOUBEJHANE M.I PACQUIAO Date 10/02/19

Address BIASONG, BALAMBAN, CEBU Age 23 Civil Status S Sex F

Place of Birth BENGUET Date of Birth 07/04/96 Insurance Provider

Occupation CSR Name of Company IPLOY INC. Tel./ Mobile no. 09328012976

PHYSICAL EXAMINATION

Temp. 35.7 °C PR: 64 bpm RR: 20 bpm BP: 90/60 mmHg Ht: 154 cm Wt: 47 kgs

Visual Acuity: Right Eye: 20/20-1 Left Eye: 20/20-1 (with/without eyeglasses) BMI: 19.8 Underweight: [ ] Overweight: [ ] Normal weight: [✓] Obese: [ ]

MEDICAL HISTORY

Past Medical History: [illegible]

Family History: (+) HPN

Previous Hospitalization: (+) 2012 - Diarrhea [illegible] - Fever

Menstrual History: 16 y.o Parity — LMP: 11/ Contraceptive Use: —

Review of Systems	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Head & Scalp	✓		Lungs	✓	
Eyes & Ears	✓		Heart	✓	
Skin / Allergy	✓		Abdomen	✓	
Nose & Sinuses	✓		Genitals	✓	
Mouth / Teeth / Tongue	✓		Extremities		
Neck / Nodes	✓		Reflexes		
Check / Breast	✓		BPE		
			Rectal		

LABORATORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Chest x-Ray	✓		ECG		
CBC	✓		Other Procedures	NA	
Urinalysis	✓				
Fecalysis	NA				
Drug Test	✓				

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 applied.
[ ] Needs treatment/ correction
[ ] Treatment optional for:

[ ] CLASS C Physically fit for less strenous type of work. Has minor ailments/defects.
Easily curable or offers no handicap to job applied.
[ ] Needs treatment/ correction
[ ] Treatment optional for:

[ ] CLASS D Employment at the risk and discretion of the management

[ ] CLASS E Unfit for employment

[ ] PENDING For further evaluation of :

Remarks:

Patient's Signature Date Examined [signature], M.D. Medical Examiner

License No. [illegible]

Medgruppe Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER
2nd Level, APM Centrale, A. Soriano Jr. Ave., N.R.A.
Mabolo, Cebu City, 6000 Philippines
Tel Nos. (032) 232-2273 * (032) 266-3245
www.Medgruppe.Com
DOH-POEA-MARINA ACCREDITED NO. RLS-584-08-04

Patient Name:	ADALIM, LOUBEJHANE PACQUIAO	X-Ray No./Case No.:	**19-20826**
Date of Birth:	7/ 4/1996 Age: 23 Sex: FEMALE	Date:	DEC 2,2019
Company:	IPLOY INC.,	Examination/Procedure:	CHEST PA
Referred by:	IPLOY INC.,	Service Order No.:	0000780828

X-RAY REPORT

FINDINGS:

Both lungs are clear. The heart is not enlarged. The pulmonary vessels are within normal limits. The trachea is in the midline. Both hemidiaphragms are sharp and distinct. The included bones are unremarkable.

REMARKS:

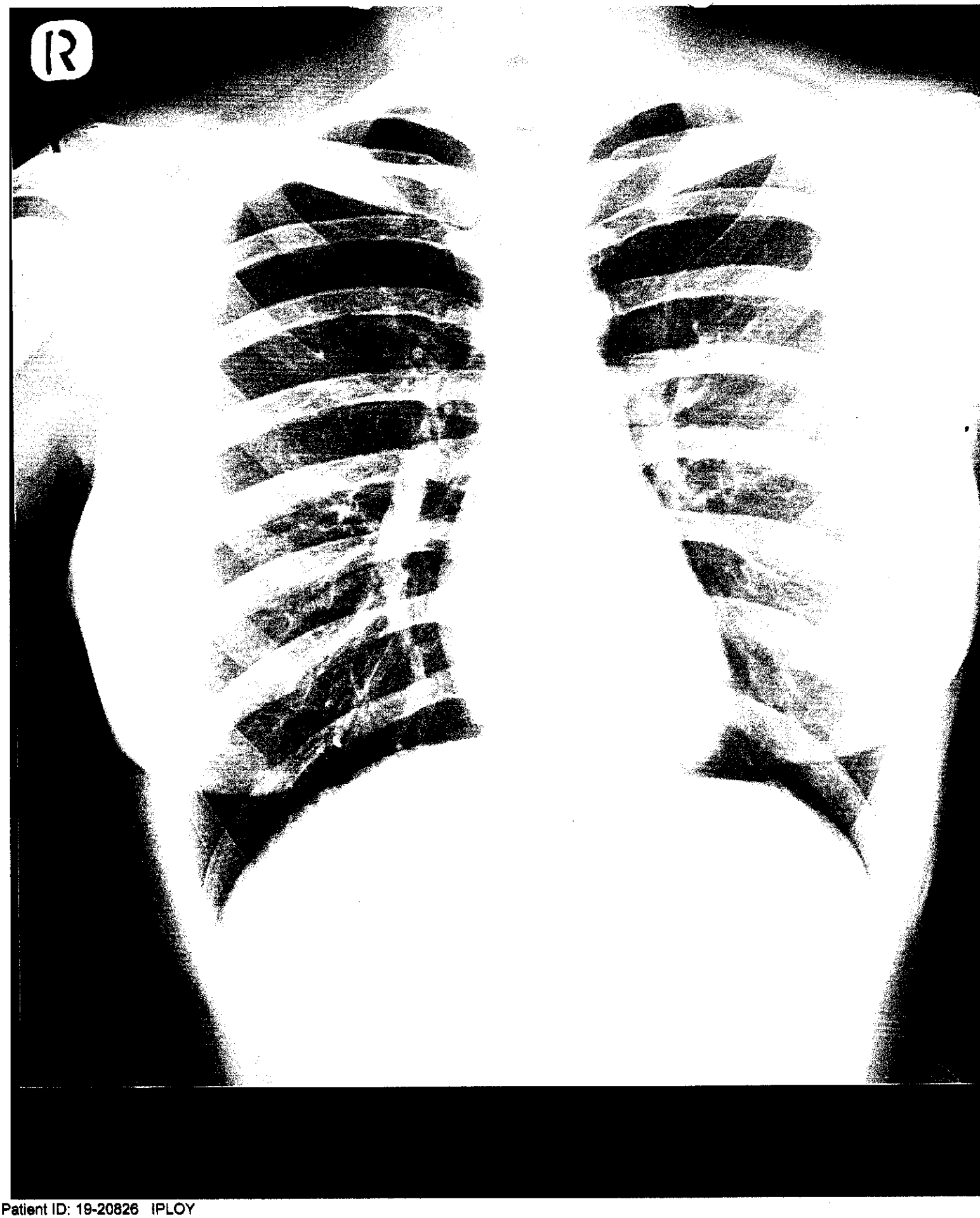
> NORMAL CHEST

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

DARYL S. RAGASAJO
Encoder

KAREN SITACA-DIÑO, MD FPCR PRC#0100318
Radiologist

Date printed: 12/ 3/2019



Patient ID: 19-20826 IPLOY
Patient Name: ADALIM,LOUBEJHANE
Study Date: 12/02/2019

Prime CARE
C E B U

MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.
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 ADALIM, LOUBEJHANE P. √ B. Address: BARANGAY BANILAD, CEBU √ C. Age: 23 √ D. Sex: F
√ E. Employer Name and Address IPLOY INC.
F. Type of Specimen:
/ / Urine
/ / Blood
/ / Others(specify) _____
G. Reason for Test :
/ / Pre-employment / / Random / / Reasonable Suspicion/Cause
/ / Return to Duty / / Mandatory / / Post Accident
/ / 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?
/ / Yes / / No

Specimen Collection: / / Observed / / Unobserved
Specimen Sampling: / / Single / / Split
Specimen Volume: 60 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_____ _____AM/PM
Signature of Collector Time of Collection ▶
DEC 0 2 2019 ▶
(PRINT) Collector's Name (first, MI, Last) Date (Mo/Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:
_____
Name of Delivery Service Transferring Specimen to Lab.

RECEIVED AT LAB: ▶
X_____
Signature of Accessioner
DEC 0 2 2019 ▶
(PRINT) Accessioner's Name (First, MI, Last) Date (Mo/Day/Yr)

STATUS OF THE SPECIMEN
(a) Seal Intact / / Yes / / 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.

√ _____ √ LOUBEJHANE P. ADALIM √ ___/___/___
Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

√ Contact No. 09288612976 √ Date of Birth ___/___/___
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_____

DEC 0 2 2019

X JEZEBEL C. CAPIROL-CURATIVO, RMT PETER S. AZNAR, M.D., F.P.S.P. ___/___/___
Signature & Name of Analyst (First, MI, Last) 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: / / 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: / / THC / / MET / / FAILED TO CONFIRM – REASON_____
/ / 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 Laborato. Positive Sample)