





# Medgrupee Polyclinics & Diagnostic Center, Inc.

INTERMEDIATE MEDICAL AND DENTAL CARE CENTER  
2nd Level, APRIL Center, A. Soriano Jr. Ave., N.R.A.  
Makati, Cebu City, 6000 Philippines  
Tel Nos. (02) 232-2273 - 6322 265-2246

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

SO No. : 00793541

No. : 182579

Name: ABAYAN, DANRYL CENIZA Age: 33 yrs. Date: 02/29/2020

Sex: MALE

Requested by:

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

## COMPLETE BLOOD COUNT

( ) WBC	9,100 /mm <sup>3</sup>	4,000-10,000 /mm <sup>3</sup>	Normal Values
( ) RBC	4.43 x 10 <sup>6</sup> /mm <sup>3</sup>		Adult
			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>
			Pedia
			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	12.40 gm% *	F: 12-15gm% M: 14-17gm%	
( ) Hematocrit	42.00 gm%	F: 38-48vol% M: 40-50vol%	
Differential Count			
Neutrophils	71 %	45-65%	
Lymphocytes	22 %	20-35%	
Monocytes	5 %	2-9%	
Eosinophils	2 %	0-6%	
Basophils	%	0-2%	
Platelet Count	273,000 /mm <sup>3</sup>	150,000-450,000 /mm <sup>3</sup>	
Others			

HBsAg  
Anti-HAV IgM

NOTE:

REX YNAN G. PAKTALINSHUG, RMT  
Medical Technologist  
No. 009-2184

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

SO No. : 00793541

No. : 180238

Name: ABAYAN, DANRYL CENIZA Age: 33 yrs. Date: 02/29/2020

Sex: MALE

Requested by:

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

## URINALYSIS

MACROSCOPIC:	
Color	Yellow
Appearance	Clear
pH	7.0
Specific Gravity	1.010
Glucose	Negative
Protein	Negative
MICROSCOPIC:	
RBC / hpf	0-1
WBC / hpf	0-1
Epith. Cells / hpf	Rare
Casts	
Mucus Threads	Few
Bacteria	Rare
Crystals	
Amorphous (Urates)	
Amorphous (PO <sub>4</sub> )	Rare
MISCELLANEOUS:	
Pregnancy Test	N/A
OTHERS:	

NOTE:

REX YNAN G. PAKTALINSHUG, RMT  
Medical Technologist  
No. 009-2184

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



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**

RK982486  
 55

CCF No: 202002290006  
 Name: ABAYAN, DANRYL CENIZA  
 Birthdate: 09/24/1986 Age: 33 Gender: M

Transaction Date Time: 3/2/2020 6:54:00AM  
 Report Date Time: 3/2/2020 9:26:07AM

Test Method TEST KIT

Purpose  
 Private Employment

Requesting Parties  
 IPLOY

**Result**

<i>Drug/Metabolite</i>	<i>Result</i>	<i>Remarks</i>
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

66 JEZEBEL C. CAPIROL-CURATIVO

DR. PETER SANSON AZNAR 66

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

**PRIME CARE CEBU**



Prime CARE  
C E B U

**MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.**  
2<sup>nd</sup> Floor, APM Central 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 _____	√ B. Address: _____	√ C. Age: _____	√ D. Sex: _____
√ E. Employer Name and Address _____			
F. Type of Specimen:		G. Reason for Test:	
// Urine		// Pre-employment	
// Blood		// Return to Duty	
// Others(specify) _____		// Random	
H. Drug Tests to be Performed: // THC, COC, PCP, OPI, AMP		// Mandatory	
// THC & MET Only		// Follow-up	
		// Reasonable Suspicion/Cause	
		// Post Accident	
		// Others (specify) _____	
		// 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: ____ ml. Physical Appearance: Color: _____	Other Observation (Enter Remark)
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**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	Time of Collection _____ AM/PM	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab.
(PRINT) Collector's Name (first, MI, Last)	Date (Mo/Day/Yr)	

RECEIVED AT LAB:	STATUS OF THE SPECIMEN	SPECIMEN BOTTLE(S) RELEASED TO:
X _____ Signature of Accessioner	(a) Sealed // Yes // No (b) Transport Device _____ (c) Description _____	Signature & Printed Name of Receiving Person _____ Print Name (First, MI, Last) Date (Mo/Day/Yr)
(PRINT) Accessioner's 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

√ Contact No. 09424784057

(PRINT) Donor's Name (First, MI, Last) DANAYL CENZIL ABAVAN

√ Date of Birth 02/29/2020  
Mo Day Yr

√ Date of Birth 09/24/1980  
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)

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 Labo (For Positive Sample)



# **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) 256-3245

www.Medgruppe.Com

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

Patient Name:	ABAYAN, DANRYL CENIZA	X-Ray No./Case No.:	<b>20-05122</b>
Date of Birth:	9/24/1986	Age:	33
		Sex:	MALE
Company:	IPLOY INC.,	Examination/Procedure:	CHEST PA
Referred by:	IPLOY INC.,	Service Order No.:	0000793541

## **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:**

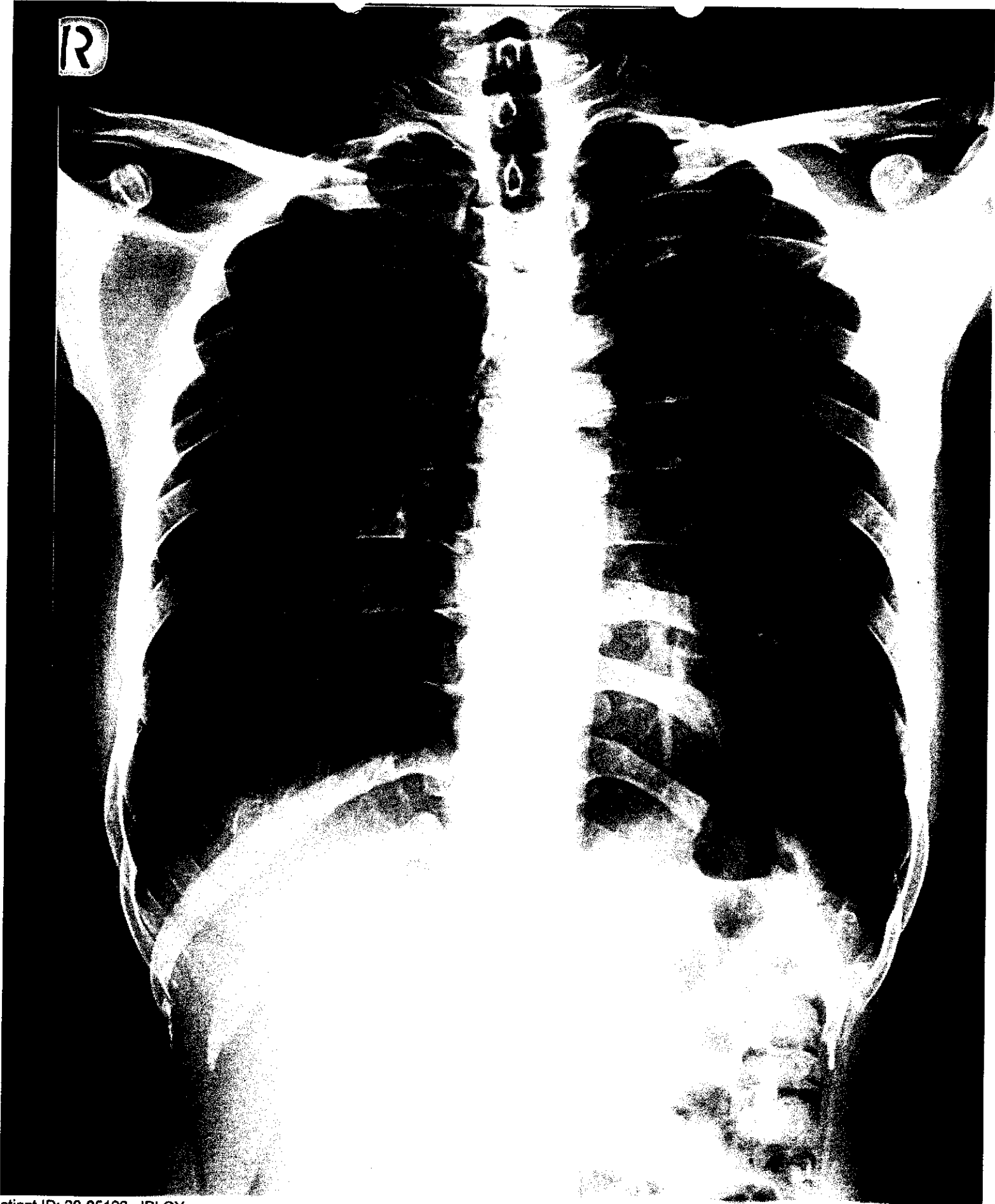
NO SIGNIFICANT CARDIOPULMONARY FINDINGS.

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

  
PATRICK TAN DUMALAGAN  
Encoder

  
FRANCO ALEJANDRO-SORIANO, MD, FPCR  
Radiologist

R



Patient ID: 20-05122 IPLOY  
Patient Name: ABAYAN, DANRYL  
Study Date: 02/29/2020