214
Deped-MALAYBALAY CITY DIVISION
RELEASED



DEPARTMENT OF EDUCATION Date:

Region X-Northern Mindanao

DIVISION OF MALAYBALAY CITY

Corner Don Carlos-Guingona St., Cty of Malaybalay

Contact Numbers: 813-2894, 221-4597

Email Address: depedmalaybalay@gmail.com: Official website: www.depedmalaybalay.net

THE REAL AND PLANTS

June 21, 2013

DIVISION ADVISORY

Scheduled Mandatory Drug Test for Renewal of Appointments

TO : All City-paid Job Order Employees

Thru: All Public Schools District Supervisors

Elementary and Secondary School Heads

Section Heads

- 1. For information and guidance of all concerned, you are hereby directed to submit yourselves for **Mandatory Drug Testing** on June 22, 2013 (Saturday) as scheduled at A and K Drug Testing Center in front of the Land Transportation Office, Malaybalay City per attached Memorandum dated June 17, 2013 from the City Government of Malaybalay.
- 2. As stated in the afore-cited Memo, failure or refusal to submit yourselves to the Mandatory Drug Test during the specified dates shall be grounds for non-renewal of Job Order Appointments. Delayed drug-testing shall no longer be considered by the Drug Free Workplace Assessment Committee of the City Government of Malaybalay.

3. For compliance.

EDILBERTO L. OPLENARIA Schools Division Superintendent

Encl.:

As stated

Copy furnished:

Records Section

To be posted in the Division Website



Republic of the Philippines Province of Bukidnon CITY OF MALAYBALAY CM Recto St., 8700



DRUG FREE WORKPLACE ASSESSMENT COMMITTEE

DATE:

June 17, 2013

MEMORANDUM TO:

Deped-MALAYBALAY CITY DIVISION
RECEIVED

Date: C/21/13 Time: 9:2744

ALL CITY PAID JOB ORDER EMPLOYEES, Malaybalay City

SUBJECT:

Scheduled Mandatory Drug Test for Renewal of Appointments.

Pursuant to the provisions of Administrative Order No. 14, Series of 2012, all Job Order Employees of the City Government of Malaybalay are hereby directed to submit themselves for MANDATORY DRUG TESTING on June 19 - 28, 2013 at A and K Drug Testing Center in front Land Transportation Office (LTO), Malaybalay City. A minimal fee of ONE HUNDRED FIFTY PESOS (PhP 150.00) is charged per employee for the said Mandatory Drug Test.

Please be informed that the ONÉ HUNDRED FIFTY PESOS (PhP 150.00) minimal fee is for Screening Test Only. Employees who tested positive for Dangerous Drugs during the Screening Test shall be given fifteen (15) days to contest the result through Confirmatory Test subject to existing laws, rules of the DDB, City Government Drug-Free Workplace Guidelines, and the private drug-testing center policies. Said employee shall shoulder the expenses of the CONFIRMATORY TEST. Should the concerned employee fail or refuse to contest the screening test result within fifteen (15) days, he or she shall be deemed positive of the use of Dangerous Drugs and shall not be renewed for appointment as Job Order Employee of the City Government of Malaybalay without prejudice to criminal liabilities and other penalties imposed by the private drug-testing center as prescribed by the law, DOH and LTO guidelines.

You are further directed to present your CGMID (Green ID) to A and K Drug Testing Center personnel upon submitting yourself for Mandatory Drug-test and fill-up the Drug Testing Consent Form (Please see attached) in advance to avoid delays in the screening procedures. Taking of Drug Test on other Drug-Testing Centers shall not be allowed; hence Drug Test Certificates issued by other Drug Testing Centers shall not be honored by the Drug Free Workplace Committee. For the convenience of everybody concerned, a schedule per department/office is attached for your referral. Failure or refusal to submit yourselves for Mandatory Drug Test during the specified dates shall be grounds for non-renewal of Job Order Appointments! Delayed drug-testing shall no longer be considered by the Committee.

For strict compliance.

HERCULAND S. RONOLO

City Administrator - Designate/

Chairman - Drug Free Workplace Assessment Committee



Republic of the Philippines Province of Bukidnon CITY OF MALAYBALAY CM Recto St., 8700



DRUG FREE WORKPLACE ASSESSMENT COMMITTEE

SCHEDULE OF DRUG TEST June 19 - 28, 2013

DATE:	OFFICES/DEPARTMENTS			
June 19, 2013 (Wednesday)	• TMC			
	MERU, ACER, 117			
	• CAIVTF			
	CDRRMC			
=	• BFP			
June 20, 2013 (Thursday)	CMO, CMO (Mixed), City Band			
	 VAWC, LTO, BIR, RTC, ROD, TESDA, NCIP, WOMEN'S 			
	LICENSE, MCGWSS, BAC, PopDev, COMELEC, CITY COURT			
	BJMP, BUHITA, Prosecutor's Office, COA,			
	• DILG, PENRO, City Sports			
June 21, 2013 (Friday)	City Accountant's Office			
	City Administrator's Office			
	City Agriculturist's Office			
	City Assessor's Office			
	City Budget Office			
	Local Civil Registrar's Office			
	CEEDMO			
	• CGSO			
June 22, 2013 (Saturday)	DepEd Teachers and Office Personnel & BNHS STAFF			
June 24, 2013(Monday)	• City Engineer's Office * TOURISM			
	• City Housing			
	• CENRO			
	City Legal Office			
	Human Resource Management Office			
	CPDO and GIS			
lune 25, 2013 (Tuesday)	City Health Office			
	CSWDO			
	• OSCA			
Į.	City Treasurer's Office			
	City Veterinarian's Office			
	Slaughter			
une 26, 2013 (Wednesday)	All SP Charged JO's			
une 27, 2013 (Thursday)	Delayed Drug Test			
une 28, 2013 (Friday)	Delayed Drug Test (Last and Final Day for Drug-Testing)			

Note:

- 1. Screening test shall be on first come first serve basis.
- 2. The Drug Testing Center shall be open from 8:00 o'clock in the morning to 6:00 o'clock in the evening.
- 3. Should you miss your schedule, you are given only until June 28, 2013 (Friday) to comply with the mandatory drug test. Delayed drug test beyond the provided schedule is strictly not allowed.
- 4. Please bring your CGMID (Green ID) and fill up the Drug-Testing Consent Form before coming to your scheduled Drug Test to avoid delays.
- 5. PhP 150.00 minimal fee shall be shouldered by each employee. (Receipts will be issued by the Drug Testing Center)

A and K MI.YBLY CLINICALL LAB And DRUG TESTING CENTER

San Victores St., Bray. 9 Malaybalay City

DRUG TESTING CONSENT FORM (FORM DT-001)

("ode no	and the same of th	DATE	TIME	Appears and the Colon Co	
1	VARIE				at the state of th	
1	SURNAME	A STATE OF THE PARTY OF THE PAR	FIRST NAME		MIDDLE NAME	
				מען דענים		
4	ADDRESS:	a programme conference que expaper e demonstrères contrade. El comparer hat pre 100 marifolisheste app gla de contadérare e	to the an adjoint statement of the substitution of the substitutio	ACTE:	erkunne in kuju. Ambier felinski sjuharri su en sekus fernellisme representationalijelegelegelegen i prijesjeksligsplanje i insussekset gerifent	Pri.
	ERTH DATE:		the second control of the second seco	the substitution of the same o	States or response to the same of the same	
	MALE: F	K.M.AL.E.	THEATT	PLACE		
-{	COMPARY		ARRES A A A	A 2478 (2.84)	the street of th	
	PUBLICISE OF DA	INCTEST.				
	FURNISH ON MARN	TE //PRIVATE		// GOVERNME	CBV CC	
	and the second device of the second	· 文明· · · · · · · · · · · · · · · · · ·		//FIREARMS		
	// CTITIONST	// SECONDARY SO	CHOOL	//TERTIARY	SCHOOL	
	CLEVA BUTCHEN A TITE T	WIND PRINCE OF ARTER GOM	HETHER APPOIN	FEE OR ELECTI	E(X)	
	/ DEDSONS CIT	AROND BUNCHE THE F	ROSECUTORS OF	FICE WITH A C	SIM NAT OFFERRE HYAILG YIA	
	TRECTOATE DE	NATTY OF IMPRISONS	VENT OF NOT LES	STHAN SIX (6)	YEARS AND ONE (1) DAY	
	COTHEDS OF S	SPECUTY)		, ,		
	INSTRUCTIONS	S: ANSWER THE OUES	TIONS BELOW BY	CHEKING THE	APPROPRIATE SPACES BEFORE	
	YOUR ANSWER	AFTERWARD READ	THE STATEMENTS	BELOW, SIGN	ing the two lines for your	
	SIGNATURE.					
	HAVE YOU TAL	CEN MEDICATION OF	DRUGS IN THE PAS	TI 30 DAYS?	//YES//NO	
					en entre de la contracta de la	
	HVAR JOHING	ESTED ANY ALCOHOL	IC BEVERAGE IN	THE PAST 24 H	OURS7// IES// NO	
			was was travel to sale the last interest for the	WINGER THEN CARAL.		
	IF YOU ARE TA	KING MEDICATION O	F DRUGS, LIST LH	RSE BETOW:		
	Proceedings on the process of the contract of	enterproduction production of the second of	医克里氏试验检试验 化二硫 化二烷二甲烷 化二烷 经股份 化二烷	estaturia estato (estato (estato estato e		Name and Address of the Owner, where the Owner, which the
	we are a secondarile as the section to the	SENT AND AGREE TO	COLAM SUBSTITUTE CALL	MIV TID INF		
	THEREBY CON	SENI AND AGERE TO	AMAR METALL OF DE	DANGERS TO THE	HE REQUESTING OFFICE OR AGE	NCY
	THE RESULT O	and a state of the	ANTERNA MARKARAN TANDA MARKANAN TANDA MANANAN MARKANAN MARKANAN MARKANAN MARKANAN MARKANAN MARKANAN MARKANAN M	WILLIAM CLARGE	DERSTOOD THE FOREGOING	
	MY SIGNATOR	MD I HAVE AN WERE	TALE AND THE STATE OF SECULAR AND ASSESSED.	CONRTRUCTOR	LLV	
	STATEMENT A	MI) I HAVS AN WERE	HALL THE COROL	ICHG I KOIIII	2223 4	
		1				
	7	U 807	GNATURE:			
	DATES:		Carre Cares	The state of the s		
	1 1 . 1 . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rement arthorby start na	IV HEONE SPICEMS	EN. IK KOUND P	OSITIVE TO BE SENT TO DULY	
	1 (11) 7 4 D.5 7 (10)	LICENSED CO VERM	ATORYLABORAT	NEY FOR CONF	TRMATORY TEST	
	1 EVENTARGINAL AVEL	TRUE VENEZ BUTTE, ADDITED A A TUTTE	W. TID INE SAMPLE	IS MY OWN AN	THAT THE SAMPLES WERE SEA	ALFI
	The REAL PROPERTY	CR, THERE SANDERS	ADETO THE TENTE	FOR DANGER	OUS DRUGS.	
	HARLINE THERE	A NUMBER OF STREET STREET, STR	PROPERTY BANK AND A STREET BURNE	· · · · · · · · · · · · · · · · · · ·		
	DATE	CHEM ATT	IRE:			
	DAREES	482 . # \$ # \$ # \$ #	1 (25 A(C))			

A and K MILYBLY CLINICAL LAB. ' and drug testing center

San Victoria St. Brgy V Malaykalay City
(Form DT- 002A - DONOR'S COPY)

SPECIMEN ID Number:

LAB ACCESSION Number:

STEP 1. COMPLETED BY COLLECTOR OR EMPLOYER REPRE	SENTATIVE	
A Chept's/Donor's/Subject's Name:	B. Address	C. Age: O. Sex.
E. Employer Name and Address.		
U Blood □ Return to □ Others(specify) □ Follow-to	aloyment Ci Random Ci Raaso o Duty Ci Mandatory Ci Post / op Ci Others (specify)	
H Drug Tests to be Performed [3 THC, COC, PCP, OPI, AMP []	THC & MET Only C) Others (specify	A compare securiors were described from the minimum property of the disconnection of the following photoconnection described from the compared of the compared
STEP 2 COMPLETED BY COLLECTOR		and the second s
Read specimen temperature within 4 minutes. Is temperature between 32°Cand 38°C? C) Yes C) No Specimen Colle Specimen Sample Specimen Volum Physical Appear	10 wr	Other Observation: (Enter Remark)
REMARKS		
STEP 1. COLLECTOR affixes bottle seal(s) to bottle(s), Collecto	or dates seal(s). Donor initial seal(s), Donor completen STEP 5.
STEP 4. CHAIN OF CUSTODY - Inflinted by COLLECTOR and C	OMPLETED BY LABORATORY	
I certify that the specimen given to me by the donor identified in the	cartification section on Step 5 of this	form was collected, sealed and released to the
Delivery Service noted in acceptance with applicable Department of	(For Courier/ Messenger)	فلاست به المساورة المراجعة المساورة المراجعة المساورة المساورة المراجعة المساورة المراجعة المساورة الم
Signature of Collector Time of Collection	SPECIMEN BOTTLE(S) RELEAS	SED TO:
(PRINT) Collector's Name (First, Mt., Last) Oath (MolDay/Yr)	Name of Delivery Se	rvice Transferring Specimen to Leib
RECEIVED AY LAB:	STATUS OF THE SPECIMEN a) Seal intact D Yes D No	(For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED TO
Signature of Accessioner	b) Transport device	Signature Receiving Parson
(PRINT) Collector's Name (First, Mf, Last) Oate (Mo/Day/\r)	c) Description	Print Hame (First, Mr. Last) Date(Mo/Day/Yr)
STEP 5. COMPLETED BY THE DONOR	and and the same and the same and an experience of the same and the same and the same and the same and the same A	See a displacement of the second seco
i certify that I provided my urine specimen to the collector; that I had usen was sealed with a lamper-evident seat in my presence; and this	at the information provided on this fo	are and on the affixed bottle is correct
Signal que of Donor (PRINT) Donor's Name (First,	Ml. Last)	Date (Mo/Day/Yr)
Contact No		Date of Blinh / Mo Day Yr
Additional information may be asked from you by the laboratory part		ka ya man da ta minin angan nagandan kananan angan nakandikan da minin mananan da miningan da da mananan da miningan nagan na
STEP 6: COMPLETED BY HEAD OF SCREENING LABORATOR		in arthropin majorinde. This is a particular of the particular of
In accordance with applicable Department of Heratth requirements, in DINEGATIVE CORRECTION CELLED CORRECTION	AL TO TEST RECAUSE	D SUBSTITUTED () OTHERS (specify)
Signature of Analyst & Name of the Analyst (first, M. Lan) (PRI	hiT) Cinnaluse & Magne of Hand of L	aboratory (First M) Last) Date (Mo/Day/Y)
STEP 1. CUMPLETED BY CONFIRMATORY LABORATORY	TALE TREE DESTRUCTION OF LANDS OF CHARACTER OF THE PROPERTY OF	The state of the s
In accordance with applicable Department of Health requirements, DI CONFIRMED FOR DICHALLER DITHERS	my determination/verification for the NGE 13 FAILED TO CONFIRM	specimen (if tested) is HEASON
	a gyddigaeth diffe ddiwnia (yn yddi) (few yn y y wy ym yn annau ym e nyddi (mwendi mau y dyfe y anly y ydfa y	charategy (First Mi Last) Date (Mo/Day/Y)
Signature of Analyst & Name of the Analyst (First MI, Last) (PRI		aboratory (First, Mi, L26!) Date (MO/Day) 11
SYEP 8: TO BE COMPLETED BY NATIONAL REFERENCE LA	· · · · · · · · · · · · · · · · · · ·	in a life had a life h
In accordance with applicable Repultment of Health requirements, a	my determination/verification for the	specimen (it lested) is
CINECONFIRMED FOR CLITHO DIMET DIOTHERS		HRM - HEASON
Signature of Analyst & Name of the Analyst (Fest, MI, Last) (PRI) 1 Form DT-002A-Copy for the Donor 2 Form DT-002B-Copy for the Collection Sits ((Authorized Specime		aborntory (First, Mt. Loui) Date (Mo/Day/Yr.
3 Form D7-002C-Copy for Laboratesy (Analyst) 4 Form D7-002D-Copy for the Confirmatory Laboratory (For Hostin)		

A and K MLYBLY CLINICAL LAB And DRUG TESTING CENTER

San Victores St., Brgy o Malaybalay City

(Form DT-002B - COPY FOR THE COLLECTION SITE)

	,	OPY FOR THE COLLE	LAB ACC	ESSION NO.:		W .
SPECIMEN ID NO	O.:	War.	-	*	C. Age:	D. Sex:
1 COMPLETED BY COLLECTOR OR EMPL	OYER REPRESENTATIVE	B. Address:	And the second livery of the s			Annahampad - Annahampada salama ata anta anta anta Albara an Annahambada y manas anta
Client's Donor a Studget 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	and the first of the former and the first state of the st	G. Reason for Test Pre-emp Return-t	oloyment o-Duty	(3 Random (3 Mandatory (3 Others (speci city)	Reasonat Post-sccio	ile Suspicion/Cause lent
O Blood O others (apacify) Orig test to be Ferfermed. D THC, GOC, F	OP OPI, AMP	THE & MET Only	Ci Others (also	Carl 1 7 granuspeldenten men men men men men men men men men m	Other Cheerval	on (Enter Remark)
CONTRACTED BY COLLECTOR	Specimen Collection:	Observed Unobs	erved	•	Other Opserver	211 /
rise specimen temperature within 4 minutes. temperature between 32°C and 38°C? El Yes El No.			ce: Color:	gger af de	d .	
ENARKS	To a falling street of the str	The approximate was the high-state rather speech provided and addressed a sequence is supported by	Inton ST	ED 5.	and the state of the State Sta	general specialism (state) and a fine
EP 3 Collector affixes bottle seal(s) to bottle EP 4 CHAIN OF CUSTODY - INITIATED BY Contry that the specimen given to me by the ide accordance with applicable Department of Healt	ntified in the certification social hierovirements	DONOT INITIAL BEAUTY. OF ED BY LABORATORY on on Step 5 of this form		riled and released	to the Delivery Ser ED TO:	vice noted in
	Time of Collection	117 1- 14:				
Signature of Collector	Little of Consessor.	•	Name	of delivery Service	e Transferring Spe	cimen to Lab.
1	Cate (Mo/Day	(SI ECIMEN BO	TTLE (S) RELEAS	ED TO:
PRINT) Collector's Name (First, M.L., Last) RECEIVED AT LAB.	granders and in Sport of the continuous publications and approximate of the continuous specific and an approximate of the continuous specific and approximate of the continuous specific and an approximate of the continuous specific and appro	STATUS OF THE SI	PECIMEN D Yes D No			
Signature of Accessioner's	AM/PM Time of Collection	(b) Transport devi		s	ignature of Receiv	ng Person
	·	(c) Description:		Pr. nted Name	(First, MI, Last)	Date (Mo/Day/Yr)
(PRINT) Accessioner's Name (First, M.I., Last STEP 5 COMPLETED BY THE DONOR I cortify that I provided my uring specimen to	Date (Mo/Day/Yr			1		
X Signature of Donor	(PRIN	T) Lioner's Name (First,			Date (Mo/I	oay/Yr) rth // Mo Day Yr
Contact No :	in hy the laboratory particularly	on drug and medication	ris .		an Marian and American American	and the second s
STEP 6 COMPLETED BY HEAD OF SCREE		CANCELLED	D REFUS	SAL TO TEST BEG DILUTE!! ADULTE RATED	CAUSE: ID SUBSTITUTED ID OTHERS (speci	(y)
REMARKS	and the state of t			First W	1951)	Date (Mo/Day/Y
X (PRINT) Signature & Name of Analyst (F	ings seed to the	(PRINT) Signature & N				المراجعة المستوادة المستودة المستوادة المستوادة المستوادة المستوادة المستوادة المستوادة المستوادة المستوادة المستوادة المستودة
STEP 7 COMPLETED BY CONFIRMATORY in accomance with applicable Department	of Health equirements, my do	termination/ventication t	for the specimen (if	lested) is:	way he was	
1 '	HERS (S) 10/1/2)	form				Date (Mo/Day/Yr)
X (FRINT) Signature & Name of Analyst (I I G G G G G G G G G G G G G G G G G G	PRINT) Signature & Na	aine of Head of Lab	oratory (First, MI,	Lest)	Date (
STEP 8 TO BE COMPLETED BY THE NATION of Secretaria with applicable Department	FIGNAL REFERENCE LABOR	RATORY (NRL) etermination/verification	for the specimen (if tested) ::.	REASON:	
O RECONFIRMED FOR:	HERS (specify)		C FAILED TO	KECON IRWI-I	Samuel State Control	
DINC DWELL DO		PRINT) Signature & Na	ame of Head of Lab	oratory (F rst. MI,	Last)	Date (Mo/Da
(PRI'NT) Signature & Name of Analyst	(First MI, Last)	PRONT SIGNATURE OF ALL				
(PRIVIT! Signature & Name of Analysis Some Disease John for the Decement I page 27 to 36 key to one trebusiness than Amen Disease John for the Later way of the page of the	The same of the sa					

A and K MLYBLY CLINICALL LAB And DRUG TESTING CENTER

San Victores St., Brgy. 9 Mulaybeley City (Form DT-002G - COPY FOR LABORATORY)

SPECIMEN ID Number:

LAB ACCESSION Number;

A Client's/(Xenor's/Subject's Code:	t had to an expensive delicated a special contract of the second of the	B. Age:	C Sex			
D. Type of Specimen. D. Urana D. Blood El Others(specify)	E. Reason for Tes CI Pre-emple CI Return to CI Follow-up	oyment D Random Duty D Mandatory				
F Drug Tests to be Performed. D THC, COC, P	CP, OPI, AMP ID TH	HC & MET Only () Othe	rs (specify)			
STEP 2 COMPLETED BY COLLECTOR	r (Marrie mirit) - vir i milmadi sudditivihida kalindidida Bhargas jayan.	n process and make the second of the second	And the second s			
Read specimen temperature within 4 minutes is temperature between 32°Cand 38°C7 [] Yes L3 No	Specimen Cuttec Specimen Samplin Specimen Volume Physical Appearan	i ml.		Other Observati	on (Enler Remark)	
REMARKS	the same of the same and the sa			and the second section of the second		
STEP 3. COLLECTOR affixes boille scal(s) to	bottle(s), Cellector	dates seat(s). Donor i	nitial seal(s). Dono	or completes STE	³ 5.	
STEP 4. CHAIN OF CUSTODY - Iniliated by C						
I certify that the specimen given to me by the do- Delivery Service noted in accordance with applic	or identified in the c	entification section on St	ep 5 of this form wa	as collected, sealed	and released to in	
pensery 29tk/ide noted in accordance with applic		(For Courier/ Messen	aeri	ements and registeres of manifestative managers and analysis experimental frames as		
Signature of Collector Time i	AM/PM of Collection	SPECIMEN BOTTLE				
(PRINT) Cellector's Name (First, Ml. Last) Di	Name of Delivery Service Transferring Specimen to Lab.					
RECEIVED AT LAB		STATUS OF THE SPE	CIMEN SPE	(For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED		
Signature of Accessioner .					-	
	1 /	b) Transport device		Signature Receiv	ing Person	
(PRINT) Colector's Name (First, Mt. Last) De	s (Mo/Day/Yr)	C) Description			0.150	
STEP 5. COMPLETED BY THE DONOR	All the court for the court of		F-IVI IV	ame (First, Mi, Las) Date(Mo/Day/Yr	
I certify that I provided my urine specimen to the used was sealed with a tamper-evident seal in management of Doner	y presence, and that	the information provided	d on this form and o	it in any mainter, e in the affixed bottle ate (Mo/Da//Yr)	ech specimen oote is ctiriect. 	
Additional information may be asked from you by	the laboratory partic	cularly on drugs and med	lications			
STEP 6: COMPLETED BY HEAD OF SCREEN	NG LABORATORY	tering process of a second of the property and a second of	per parties representation of a s a 191 section of Market or			
In accordance with applicable Department of He. CI NEGATIVE ID POSITIVE CLIEST CANCEL	LED DREFUSAL	y delermination/vanificali . TO TEST BECAUSE .I DILUTED EI ADULTE			S (specify)	
Signature of Analyst & Name of the Analyst (Firs	Not for all afternoon					
STEP 7: COMPLETED BY CONFIRMATORY		1) Signature & Name of	Head of Laboratory	(First, MI, Last)	Date (Mo/Day//r	
In accordance with applicable Deportment of Hearth CONFIRMED FOR: UTHC OMET CLOTHERS	of the contract of the contrac		or for the specimen ONFIRM - REASON			
Signature of Analyst & Name of the Analyst (First	, MI, Lasi) (PRIN	T) Signature & Name of	Head of Laboratory	(First MI - act)	Date (Mo/Day/Yr	
SYEP 8: TO BE COMPLETED BY NATIONAL	REFERENCE LABO	RATORY (NRL)			and a gradual to the first	
In accordance with applicable Department of Hea			on for the specimen	(If tested) s:	engligangsig flyggingsig magnyingsig or	
DIRECONFIRMED FOR: DITHO DIMET D			TO CONFIRM - RE			
Signature of Analyst & Name of the Analyst (First L. Form 11-002A-Copy for the Donor	, MI, Lastj (PRIN	T) Signature & Name of	lead of Laboratory	(First, Mt, Last)	Date (Mo/Day/Yr	

² Form DT-002B-Copy for the Collection Site (Authorized Specimen Collector) 3. Form DT-002C-Copy for Laboratory (Analyst) 4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)