



Specimen Result Certificate

Test Number: BAT77509277

Report printed on 2/23/2022 9:52:22 AM

Page 1 of 1

Attention:
Brian Rogers
NXT Jet, Inc.
[REDACTED]
Ocoee, FL 34761

Collection Site:
37413 - MCC Drug & Alcohol Screening

Donor Name: [REDACTED]
Date Of Test: 2/21/2022
Test Number: BAT77509277

Donor SSN: [REDACTED]
Donor ID:
Reason for Test: Post Accident

Regulation: DOT-DOT
Specimen Type: Breath

Drugs Tested:

Drug Name	Result	Laboratory	Laboratory
		Screening	Confirmation
		Cutoff *	Cutoff *
Ethanol Breath			

Final Result Disposition: Negative

Remarks:

* Represents laboratory screening and confirmation values.

† Represents class (Sub-Class Abbreviation)



Specimen Result Certificate

Test Number: BAT77509314

Report printed on 2/23/2022 9:51:33 AM

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Attention:
Brian Rogers
NXT Jet, Inc.
[Redacted]
Ocoee, FL 34761

Collection Site:
37413 - MCC Drug & Alcohol Screening

Donor Name: [Redacted]

Donor SSN: [Redacted]

Date Of Test: 2/21/2022

Donor ID:

Test Number: BAT77509314

Reason for Test: Post Accident

Regulation: DOT-DOT

Specimen Type: Breath

Drugs Tested:

Drug Name	Result	Laboratory	Laboratory
		Screening	Confirmation
		Cutoff *	Cutoff *
Ethanol Breath			

Final Result Disposition: Negative

Remarks:

* Represents laboratory screening and confirmation values.

† Represents class (Sub-Class Abbreviation)



Specimen Result Certificate

ID Number: 7915620137

Report printed on 2/25/2022 8:27:42 AM

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Attention:
Brian Rogers
NXT Jet, Inc.
[REDACTED]

Ocoee, FL 34761

Collection Site:
37413 - MCC Drug & Alcohol Screening

Verification Date 2/23/2022 08:25 PM

Medical Review Officer:
Dr. Brian N. Heinen
[REDACTED]Eunice, LA 70535
888-382-2281Donor Name: [REDACTED]
Date Of Test: 2/21/2022
ID Number: 7915620137Donor SSN: [REDACTED]
Donor ID: [REDACTED]
Reason for Test: Post Accident

Laboratory: Quest Diagnostics

Regulation: DOT-FAA
Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *	Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *
Marijuana	Negative	50	15	Hydrocodone/Hydromorphone	Negative	300	100
Cocaine	Negative	150	100	Oxycodone/Oxymorphone	Negative	100	100
Amphetamines	Negative	500	250	PCP	Negative	25	25
Opiates	Negative	2000	2000	MDMA/MDA	Negative	500	250
6-Monoacetylmorphine	Negative	10	10				

Final Result Disposition: Negative

CCF Record Date and Data Entry Operator : 2/22/2022 MM/DD/YYYY - Melissa.Maxfield

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

☒ Negative ☐ Positive ☐ Test Cancelled ☐ Refusal to test because
☐ Dilute ☐ Adulterated ☐ Substituted

REMARKS:

Dr. Brian N. Heinen

2/23/2022 08:25 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

* Represents laboratory screening and confirmation values.

† Represents class (Sub-Class Abbreviation)



Specimen Result Certificate

ID Number: 7915620138

Report printed on 2/25/2022 8:28:17 AM

Page 1 of 1

Attention:
Brian Rogers
NXT Jet, Inc.

Ocoee, FL 34761

Collection Site:
37413 - MCC Drug & Alcohol Screening

Verification Date 2/23/2022 08:25 PM

Medical Review Officer:
Dr. Brian N. HeinenEunice, LA 70535
888-382-2281Donor Name: [REDACTED]
Date Of Test: 2/21/2022
ID Number: 7915620138Donor SSN: [REDACTED]
Donor ID: [REDACTED]
Reason for Test: Post Accident

Laboratory: Quest Diagnostics

Regulation: DOT-FAA
Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *	Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *
Marijuana	Negative	50	15	Hydrocodone/Hydromorphone	Negative	300	100
Cocaine	Negative	150	100	Oxycodone/Oxymorphone	Negative	100	100
Amphetamines	Negative	500	250	PCP	Negative	25	25
Opiates	Negative	2000	2000	MDMA/MDA	Negative	500	250
6-Monoacetylmorphine	Negative	10	10				

Final Result Disposition: Negative

CCF Record Date and Data Entry Operator : 2/22/2022 MM/DD/YYYY - Heinen, Hans

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

☒ Negative ☐ Positive ☐ Test Cancelled ☐ Refusal to test because
☐ Dilute ☐ Adulterated ☐ Substituted

REMARKS:

Dr. Brian N. Heinen

2/23/2022 08:25 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

* Represents laboratory screening and confirmation values.

† Represents class (Sub-Class Abbreviation)