Validity Testing Information Part I

Laboratory Name: ElSohly Laboratories Incorporated
Address: 5 Industrial Park Drive
Oxford, Mississippi 38655

Responsible Person: M. A. ElSohly, Ph.D. (Printed Name)

I certify that the answers and information provided are true and correct as of this date. Any false, fictitious, or fraudulent answers or information provided may violate Federal Law and could subject me to prosecution, monetary penalties, or both (Sec 18 U.S.C. 1001; 31 U.S.C. 3801-812).

Signature, Responsible Person

October 2, 2000
Date

Mahmoud A. Elsohly, Ph.D.
Printed Name, Responsible Person

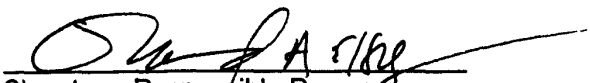
Validity Testing Information Part II

Conduct an audit of all DOT regulated specimens from the date your laboratory started validity testing. Summarize your findings in an Excel spread sheet in both hard copy and electronic format. Provide the following information in a separate column of the spreadsheet/audit for *each* DOT regulated specimen that was reported either adulterated or substituted:

- **Specimen ID number**
- **Laboratory Accession Number**
- **Date of receipt**
- **Date reported**
- **Reported result (i.e., adulterated or substituted)**
- **Quantitative test result (e.g., actual creatinine concentration and specific gravity reading; actual pH reading; adulterant identity and its concentration if applicable)**

Note: Retain a copy of this information to ensure that you would be able to retrieve additional data.

I certify that the answers and information provided are true and correct as of this date. Any false, fictitious, or fraudulent answers or information provided may violate Federal Law and could subject me to prosecution, monetary penalties, or both (Sec 18 U.S.C. 1001; 31 U.S.C. 3801-812).



Signature, Responsible Person

OCTOBER 2, 2000

Date

M. A. EISOHLY, P.H.D.

Printed Name, Responsible Person

DO NOT PERFORM VALIDITY TESTING