



1152620

STEP 1: TO BE COMPLETED BY COLLECTOR OR CLIENT REPRESENTATIVE-USE BLACK INK

Client Name and No. 3341

B. Designated Agent/MRO

C. Donor SSN [ ]-[ ]-[ ] C#3341  
or I.D. No. [ ]  
Please Print Clearly

D. Reason for Test:  Pre-Hire  Random  Reasonable Cause  Post Accident  Other  
E. Specimen Type:  Urine  Blood  Hair  Other  
F. Collection Site Address: \_\_\_\_\_  
Collector Phone No.: \_\_\_\_\_  
Collector Fax No.: \_\_\_\_\_

G. Test(s) to be Performed: Check appropriate box(es): 1152620  
 00740 Supplement Steroid Contaminant  00741 Stimulant Contaminants  
*sent on 5/18*  
*Arrived Agent on 5/19*

STEP 2: TO BE COMPLETED BY COLLECTOR

Specimen Collection:  Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)  
Remarks: *Biostat-Tribex-(Tribulus terrestris) Lot #82955, exp 3/02, 2 Bottles*

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

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 Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.  
Signature of Collector: *Alberto B. Salazar* Time of Collection: *9:00 AM* Date: *5/18/06*  
SPECIMEN BOTTLE(S) RELEASED TO: UPS  
Name of Delivery Service Transferring Specimen to Lab: \_\_\_\_\_  
RECEIVED AT LAB:  Signature of Accessioner: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Specimen Bottle Seal Intact:  Yes  No, Enter Remark Below

STEP 5: TO BE COMPLETED BY DONOR

Daytime Phone No. ( ) Evening Phone No. ( ) Date of Birth Mo. Day Yr.  
I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that 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 label affixed to each specimen bottle is correct.  
Signature of Donor: *X* Date: *5/18/06*  
In accordance with organization policy, should the results of the laboratory tests for the specimen identified by this form be confirmed positive, you may be contacted to ask about prescriptions and over-the-counter medications that you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: TO BE COMPLETED BY CLIENT OR CLIENT REPRESENTATIVE/MRO

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable requirements. My determination/verification is:  
 Negative  Positive  Test Not Performed  Test Cancelled  
REMARKS: \_\_\_\_\_  
Signature of Client Representative/MRO: \_\_\_\_\_ Date: \_\_\_\_\_

NON DOT

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

EXHIBIT 19 - REDACTED

Tribex Product

# AEGIS

SCIENCES CORPORATION

345 Hill Avenue Nashville, TN 37210

Ph: (615)255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

Client: 3341 - Alberto Salazar  
Report To: Alberto Salazar

SSN:  
Donor ID: TRIBEX SUPPLEMENT 1152620

Reason: Not Given  
Specimen Type: Other

Laboratory ID: 1152620  
Collected: 05/18/06 00:00  
Received: 05/19/06 13:30  
Completed: 06/05/06 15:56  
Reported: 06/05/06 15:57

Analyses Ordered: 00740 - Supplement Steroid Contaminant  
00741 - Stimulant Contaminants

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Screen Cutoff</u>	<u>Confirm Cutoff</u>
Steroids and Precursors	NONE DETECTED		10 ppm	2 ppm
Stimulant Contaminants	NONE DETECTED		10 ppm	10 ppm

Received 100 dark gold tablets, 24x10x7mm 1.172g, "Tribex" faintly imprinted on one side, within 2 sealed clear plastic bottles with black caps labeled "Chromadex, Tribex, Tribulus terrestris," lot number 82955, expiration

Certified by:  
Date:

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END OF REPORT  
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