

IN THE SUPREME COURT OF FLORIDA

THE FLORIDA BAR,

Petitioner,

v.

ANTON AGGREY GAMMONS,

Respondent.

Supreme Court Case
No. SC-

The Florida Bar File
No. 2022-90,030(OSC)

**THE FLORIDA BAR'S PETITION FOR CONTEMPT AND ORDER TO
SHOW CAUSE**

The Florida Bar (the bar) files this Petition for Contempt and Order to Show Cause and requests a 91-day suspension against respondent, Anton Aggrey Gammons. To support this petition, the bar states:

1. In Florida Supreme Court Case No. SC20-1028, by order dated July 30, 2020, respondent was suspended for 30 days and directed to comply with all terms and conditions set forth in the consent judgment.

2. Respondent agreed to the following terms and conditions of the consent judgment, in part, as follows:

Respondent will participate actively in the program offered by Florida Lawyers Assistance, Inc. (FLA, Inc.), by signing a rehabilitation contract with that organization within thirty (30) days of the order of the Supreme Court of Florida approving this consent judgment. Respondent shall follow

all recommendations by FLA, Inc., and will be placed on probation for the length of his FLA, Inc. contract not to exceed five (5) years.

3. On July 31, 2020, respondent was notified of the terms and conditions associated with his suspension. See copy of the bar's letter to respondent dated July 31, 2020, attached hereto as "Exhibit A."

4. Respondent signed a contract with FLA, Inc. on December 13, 2019, which included the following:

"Totally refrain from the use of all mood altering substances, including alcohol and any beverage, food, or non-prescribed medication containing alcohol or other mood altering substance, including without limitation "non-alcoholic" beer or wine, cold medicines, allergy medications, or poppy seeds. I understand and acknowledge that any test result which is positive for alcohol, shall be deemed a violation in terms of this paragraph. Refrain from any form of CBD oil, despite any and all assurances that it contains no TCH, unless prescribed pursuant to valid Medical Marijuana Card.

5. On September 8, 2021, FLA, Inc. notified the bar that respondent had tested positive for alcohol on his random PEth test collected on August 24, 2021. See copy of the test results dated September 4, 2021, attached hereto as "Exhibit B."

6. FLA, Inc. notified respondent that the test was positive for alcohol and respondent admitted to drinking a couple of shots when his brother came into town.

7. On November 15, 2021, FLA, Inc. notified the bar that respondent had tested positive for cocaine-benzoylecgonine and marijuana

on his random Oral (Quantisal oral fluid kit) test collected on October 22, 2021.

8. FLA, Inc. informed respondent of the positive test for cocaine-benzoylecgonine, and marijuana and respondent denied using cocaine and requested that the sample be retested. Respondent also stated that he had a medical marijuana card.

9. The Medical Review Officer (MRO) had the sample retested and the retest reconfirmed the presence of both cocaine and benzoylecgonine. The MRO opined that the only explanation is the use and ingestions of cocaine 24-36 hours prior to the test. See copy of the test result dated November 6, 2021 and the MRO's report attached hereto as "Composite Exhibit C."

10. At the time of the October 22, 2021 oral test there was some question as to whether respondent had a valid medical marijuana card which is why the positive test was reported to the bar.

11. Respondent's medical marijuana card was inadvertently sent to the wrong address at the time it was approved. Respondent was sending copies of his prescriptions for marijuana to FLA, Inc. However, FLA, Inc. requires a copy of the card. Respondent is in the process of getting

another copy of his card. Respondent's medical marijuana card was approved from April 2021 through April 2022.

12. Since respondent's medical marijuana card is currently up to date, FLA, Inc. considers the positive marijuana from October 22, 2021 to be a prescription positive.

13. Respondent has failed to comply with his FLA, Inc. rehabilitation contract by failing to abstain from the consumption of alcohol and other mood-altering drugs.

14. Implicit in an order of discipline is enhanced discipline if the respondent fails to comply with the terms and conditions of the Court's order. Based upon respondent's failure to comply with his FLA, Inc. rehabilitation contract as ordered by this Court, the bar requests that respondent be suspended for 91 days.

15. Due to respondent's noncompliance with this Court's order dated July 30, 2020, the bar was obligated to file this Petition for Contempt and Order to Show Cause.

16. The other members of the bar should not have to pay for respondent's noncompliance with this Court's order and the instant proceeding. Therefore, the bar is requesting administrative costs of \$1,250.00 against respondent.

The bar respectfully requests this Court enter an order directing respondent, Anton Aggrey Gammons, to show cause why he should not be held in contempt and be suspended for 91 days and assess costs in the amount of \$1,250.00 to The Florida Bar. Furthermore, prior to petitioning for reinstatement, respondent must undergo a substance abuse evaluation by an approved FLA, Inc. provider, comply with any recommendations including completing a minimum period of sobriety of at least 6 months and receive a recommendation from FLA, Inc. in support of his reinstatement.

Respectfully submitted,



Patricia Ann Toro Savitz, Bar Counsel
The Florida Bar
Headquarters
651 East Jefferson Street
Tallahassee, Florida 32399-2300
(850) 561-5839
Florida Bar No. 559547
psavitz@floridabar.org

CERTIFICATE OF SERVICE

I certify that this document has been E-Filed with The Honorable John A. Tomasino, Clerk of the Supreme Court of Florida using the E-Filing Portal with a copy provided by United States Mail via Certified Mail No. 7014 2120 0003 1332 5684, return receipt requested to Respondent, Anton Aggrey Gammons, whose record bar address is Post Office Box 682048, Orlando, Florida 32868-2048 and to his record bar email address is anton.gammons@gmail.com, on this 17th day of December, 2021.



Patricia Ann Toro Savitz, Bar Counsel

NOTICE OF TRIAL COUNSEL AND DESIGNATION OF PRIMARY EMAIL ADDRESS

PLEASE TAKE NOTICE that the bar counsel and staff counsel in this matter is Patricia Ann Toro Savitz, whose address, telephone number and primary email address are The Florida Bar, Headquarters, 651 East Jefferson Street, Tallahassee, Florida 32399-2300, (850) 561-5839 and psavitz@floridabar.org. Respondent need not address pleadings, correspondence, etc. in this matter to anyone other than bar counsel and to staff counsel.



The Florida Bar

651 E Jefferson Street
Tallahassee, FL 32399-2300

Joshua E. Doyle
Executive Director

850/561-5600
www.floridabar.org

July 31, 2020

VIA US Mail and E-Mail to anton.gammons@gmail.com

Mr. Anton Aggrey Gammons
Post Office Box 682048
Orlando, FL 32868-2048

Re: The Florida Bar v. Anton Aggrey Gammons; Supreme Court Case No.: SC20-1028
The Florida Bar File No.: 2020-30,133 (9C)

Dear Mr. Gammons:

Pursuant to the order of the Supreme Court of Florida dated July 30, 2020, you were suspended from the practice of law for a period of 30 days. The effective date of the suspension is August 31, 2020, and automatic reinstatement will occur on September 30, 2020. The filing of a motion for rehearing does not alter the effective date of the suspension. The court's order also assessed costs in the amount of \$1,385.06. Your costs are due in this office no later than September 14, 2020. **Please review the attached Failure to Pay Notice as it may substantially affect your continuing ability to practice law.** If you are interested in being on a payment plan, and you qualify under the Delinquent Costs paragraph in the attached Failure to Pay Notice, you need to contact our office immediately.

You are required to participate actively in the program offered by Florida Lawyers Assistance, Inc. (FLA, Inc.) by complying with all the terms of your existing contract with that organization, dated December 13, 2019. Please provide a copy of your client's contract to this office by August 31, 2020. Based upon your consent judgment, you agreed to be placed on probation for the length of your contract. Your probationary period will end on December 13, 2022. You will follow all recommendations made by FLA, Inc. during the entire probation period.

You will pay a probation monitoring fee of \$100.00 per month directly to FLA, Inc. The Florida Bar will monitor your compliance with your FLA, Inc. rehabilitation contract, including nonpayment of the monthly monitoring fees. Should you fail to pay FLA, Inc., your failure to pay will be reported to The Florida Bar and the bar will follow up, with regards to your noncompliance, up to and including holding you in contempt for failure to pay the monthly monitoring fees.

Exhibit A

Mr. Anton Aggrey Gammons

July 31, 2020

Page 2

You must follow the provisions of Rule 3-5.1(h). A copy of the order must be immediately provided to clients, opposing counsel or co-counsel, and certain courts, and you must provide an affidavit to us verifying that this has been done. A form affidavit is enclosed. Please note, providing a copy of the order to the clerk's office does not satisfy this rule. You must provide a copy of the order to the presiding judge. The executed affidavit must be provided to this office within 30 days of the court order **to wit:** August 31, 2020. If you had no clients or pending matters at the time the order was served in this case, the affidavit should so state. Should you accept employment with a Florida lawyer or law firm, additional requirements apply. Please see Rule 3-6.1 in this respect. In order to avoid an appearance of being a lawyer in good standing, you must eliminate all indicia of attorney status (social media, telephone listings, stationery, checks, business cards, office signs, etc.) during the term of suspension.

Sherry Walker, Florida Bar Headquarters Paralegal, will be the contact person at The Florida Bar for issues relating to compliance with the court order and may be contacted at (850) 561-5796 should there be any questions regarding this matter.

Sincerely,

A handwritten signature in black ink that reads "Lisa Chason". The signature is written in a cursive, flowing style.

Lisa Chason, Compliance Coordinator
Lawyer Regulation Headquarters

Enclosures—Failure to Pay Notice, 3-5.1(h) affidavit

cc: Florida Lawyers Assistance, Inc.

FAILURE TO PAY NOTICE

The Supreme Court of Florida has entered an order assessing costs, fees, imposing fee arbitration and/or restitution obligations. The requirements of this order create certain obligations of which you should be aware.

Making Payment

Please send checks or money orders made payable to "The Florida Bar" to the attention of Lisa F. Chason, The Florida Bar, 651 East Jefferson Street, Tallahassee, Florida 32399-2300. Please place The Florida Bar file number on the check so we may extend proper credit for the payment.

Credit card payments are accepted via phone call to Lisa F. Chason at (800) 342-8060, ext. 3186.

Delinquent Costs

Costs are deemed delinquent unless they are paid within 30 days after the recommendation becomes final. The time for payment may be extended by The Board of Governors (hereafter the Board) for good cause shown. In order for the Board to approve an extension of time a payment plan must be requested and certain financial information disclosed. Ordinarily payment plans are not approved unless extreme financial hardship is proven through financial affidavits that include a statement of assets and liabilities.

Delinquent Fee Arbitration Award(s)

Fee arbitration awards are deemed delinquent unless paid within 30 days after the award becomes final.

Delinquent Restitution

Restitution is deemed delinquent unless it is made within the time frame and in the manner provided by the recommendation or the agreement imposing the obligation.

Effect of Delinquency

If costs, restitution or fee arbitration awards become delinquent, you will be deemed a delinquent member of The Florida Bar and as such will not be entitled to practice law in Florida until such time as the delinquency is cured. Cure of the delinquency will include making payment of all required obligations, providing proof of payment, filing a petition for removal of delinquency status and payment of a \$150.00 reinstatement fee. Thereafter the petition will be reviewed and, if appropriate, the delinquency will be removed.

Lapse of Membership Status

Any member who remains delinquent for a period of five years or longer will lose bar membership. A member whose membership has lapsed may return to the practice of law in Florida only through application to the Florida Board of Bar Examiners, which will include taking and passing the bar examination and successful completion of the character and fitness evaluation.

Maintaining Contact

There may be important information that we need to communicate after the recommendation becomes final. For this reason, it is important to maintain an accurate mailing address, telephone number and other contact information. In fact, The Rules Regulating The Florida Bar mandate that all members of The Florida Bar keep current contact information on file.

If you have any questions about these issues please feel free to contact Lisa F. Chason by telephone at (800) 342-8060, ext. 3186.

STATE OF _____
COUNTY OF: _____

AFFIDAVIT

I, Anton Aggrey Gammons, after being duly sworn, say:

This affidavit is submitted pursuant to Rule 3-5.1(h) of the Rules of Discipline in conjunction with the decision in The Florida Bar v. Anton Aggrey Gammons, SC20-1028; The Florida Bar File No. 2020-30,133 (9C).

1. _____ I had no client(s) or matter(s) pending when the court order was served on me.

OR

2a. _____ I have furnished a copy of the court order to all my clients with matters pending when the court order was served on me; and

2b. _____ To all opposing counsel and co-counsel in the matters listed in 2a. above; and

2c. _____ To all courts, tribunals, or adjudicative agencies before which I am counsel of record.

AND

3. _____ I have notified all state (other than The Florida Bar), federal and administrative bars of which I am a member.

4. _____ The names and addresses of all persons and entities that have been furnished with such notification are indicated on the attached list (Exhibit A), and such is a complete listing of all persons and entities notified pursuant to this rule.

FURTHER AFFIANT SAYETH NOT.

Anton Aggrey Gammons

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me, by means of ____ physical presence or ____ online notarization, this _____ day of _____, 20____, by Anton Aggrey Gammons, who ____ is personally known to me or ____ produced _____.

Notary Public

Print/type/stamp commission name of notary

Return to:
Melissa M. Mara, CP, FRP
Certified Paralegal
The Florida Bar
651 East Jefferson Street
Tallahassee, Florida 32399-2300

Drug Test Result Details

Selection Information

| | | | |
|--------------------|--------------------------------------|-------------------|----------------|
| Participant: | Gammons, Anton Aggrey | Reason: | Random |
| Selection Date: | 8/23/2021 | Ordered Panel(s): | O-792070 |
| Selection ID: | 79d4d50f-b8c2-c733-63d5-11eb033b117a | Case Manager: | Morris, Lauren |
| Test Window Hours: | 48 | | |

Specimen Information

| | | | |
|----------------------|----------------------|--------------------|------------|
| Authorization Code: | 913067684 | Received Panel(s): | |
| Registration Number: | 377786406 | COC#: | 0627062634 |
| Collection Time: | 8/24/2021 1:59:00 PM | Collection Site: | LABCORP |
| Report Date: | 9/4/2021 | | |

Disposition

| | | | |
|-----------------|------|-----------------|----------|
| Current Status: | Test | Current Result: | Positive |
|-----------------|------|-----------------|----------|

Result

| | | | |
|---------|------|--------------|----------|
| Status: | Test | Test Result: | Positive |
|---------|------|--------------|----------|

Reason for testing
Random
Collectors Name
AGUSTIN PEREZ
Collectors Phone #
7275450076
MRO Name from CCF

Drugs

| Drug Name | Result | Unit | Reference Interval | Notes |
|----------------------------|-----------|-------|--------------------|---|
| Phosphatidylethanol (PEth) | MXFTIN | | Cutoff=20 | Further testing indicated This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. |
| Phosphatidylethanol (PEth) | 187 | ng/mL | Cutoff=20 | Analyzed compound: PEth 16:0/18:1. 1-palmitoyl-2-oleoyl-sn-glycero-3-phosphoethanol. Analysis performed by Liquid Chromatography with Tandem Mass Spectrometry (LC/MS/MS). Detection limit: 20 ng/mL PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption. However, the Center for Substance Abuse Treatment (CSAT) advises caution in interpretation and use of biomarkers alone to assess alcohol use. Results should be interpreted in the context of all available clinical and behavioral information. Reference: Substance Abuse and Mental Health Services Administration (2012). "The Role of Biomarkers in the Treatment of Alcohol Use Disorders", 2012 Revision. Advisory, Volume 11, Issue 2. |
| Chain-of-Custody Protocol | Performed | | | |

Notes

Note Date: 09/02/2021

Submitted By: Shavina Nahar

Updated Date: 09/02/2021 12:04

08/23 - As per Labcorp portal, Specimen was received on 08/26

Specimen Id No. **0627062634**



0627062634

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, Phone, Fax, I.D.No.:

B. MRO Name, Address, Phone, Fax:

**AFFINITYHEALTH-BLOOD ACCOUNT
BLOOD ACCOUNT ONLY**

, VA 00000

P: (877)267-4305 F: (877)426-9616



41561285

C. Donor I.D.: **913067684**

D. Reason for Test: **RANDOM**

E. Collection Site Address.:

**LABCORP - 94387
11370 66TH STREET N SUITE 125
LARGO, FL 33773**

Collector Phone No. (727)545-0076

Collector Fax No. (727)545-0938

F. Donor Identification Verified By: **PHOTO ID**

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90 & 100 F? [] Split Specimen Collection? [] Collection Observed? []

REMARKS: **A TOP GRAY TUBE HAS BEEN DRAWN AND SENT**

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR Collector affixes bottle seal(s) to container(s). Collector dates seal(s). Donor initials seal(s)

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone:

Evening Phone:

Date of Birth (Mo/Day/Yr): **05/25/1979**

Donor Sex : **m**

H. TEST(S) REQUESTED BY EMPLOYER: **792070**

*** THIS IS A BLOOD COLLECTION ONLY***

792070 - WHOLE BLOOD | 824721 - SERUM OR PLASMA

792074 - WHOLE BLOOD

803189 - SERUM OR PLASMA

809671 - SERUM OR PLASMA

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

Anton Gammons

Donor's Name (First MI Last)

Signature of Donor

08/24/2021

Month Day Year

STEP 5: CHAIN OF CUSTODY-INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Agustin Perez

Collector's Name (First Last)

Collection Time: **01:59 PM EDT**

Collection Date: **08/24/2021**

SPECIMEN BOTTLE(S) RELEASED TO:

LabCorp Courier

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X

Signature of Accessioner

Quanaisha Smith

(Print) Accessioner's Name (First, MI, Last)

08 / 26 / 2021

Date (Mo/Day/Yr)

Primary Specimen

Bottle Seal Intact

☒ Yes

[] No, enter remark below

SPECIMEN BOTTLE(S) RELEASED TO:

TEMP STORAGE

Drug Test Result Details

Selection Information

Participant: Gammons, Anton Aggrey
Selection Date: 10/22/2021
Selection ID: acda3b32-c80f-7c33-63ca-11eb033b117a
Reason: Random
O-780290 (Quantisal Device Kit) (O-780290 (13-Drug Oral - Quantisal Kit - Virtual))
Test Window Hours:
Ordered Panel(s):
Case Manager: Morris, Lauren

Specimen Information

Authorization Code: 512231611
Registration Number:
Collection Time: 10/22/2021 9:06:00 AM
Report Date: 11/14/2021
Received Panel(s):
COC#: 0884997783
Collection Site: Affinity Oral Collections (Self Administered / Virtual Observation)

Disposition

Current Status: MRO (Determination)
Current Result: Positive

Result

Status: Re-Test
Test Result: Positive

Reason for testing
Random

Drugs

| Drug Name | Result | Unit | Reference Interval | Notes |
|-------------------------------|-----------|-------|--------------------|---|
| Cocaine and Metabo | Positive | | | Confirmation performed by Mass Spectrometry |
| Cocaine | Positive | | | |
| Cocaine Conf, MS, OF | 14 | ng/mL | Cutoff=8 | |
| Benzoyllecgonine | Positive | | | |
| Benzoyllecgonine Conf, MS, OF | 10 | ng/mL | Cutoff=8 | |
| Chain-of-Custody Protocol | Performed | | | |

Drug Test Result Details

Selection Information

Participant: Gammons, Anton Aggrey
 Selection Date: 10/22/2021
 Selection ID: acda3b32-c80f-7c33-63ca-11eb033b117a
 Reason: Random
 O-780290 (Quantisal Device Kit) (O-780290 (13-Drug Oral - Quantisal Kit - Virtual))
 Ordered Panel(s):
 Case Manager: Morris, Lauren
 Test Window Hours:

Specimen Information

Authorization Code: 512231611
 Registration Number:
 Collection Time: 10/22/2021 9:06:00 AM
 Report Date: 11/6/2021
 Received Panel(s):
 COC#: 0884997783
 Affinity Oral Collections (Self Administered / Virtual Observation)
 Collection Site:

Disposition

Current Status: MRO (Determination) Current Result: Positive

Result

Status: Test Test Result: Positive

Reason for testing
 Random
 Collectors Name
 .
 Collectors Phone #
 MRO Name from CCF

Drugs

| Drug Name | Result | Unit | Reference Interval | Notes |
|-----------------------------|-------------------|-------|--------------------|--|
| Chain-of-Custody Protocol | Performed | | | |
| Amphetamines, OF | Negative | ng/mL | Cutoff=50 | Amphetamine test includes Amphetamine and Methamphetamine. . This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. |
| Barbiturates, OF | Negative | ng/mL | Cutoff=50 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Benzodiazepines, OF | Negative | ng/mL | Cutoff=20 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Cocaine and Metabolites, OF | See Final Results | ng/mL | Cutoff=20 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Cocaine and Metabo | Positive | | Cutoff=20 | Confirmation performed by Mass Spectrometry |
| Cocaine | Positive | | | |
| Cocaine Conf, MS, OF | 20 | ng/mL | Cutoff=8 | |
| Benzoyllecgonine | Positive | | | |

| Drug Name | Result | Unit | Reference Interval | Notes |
|-------------------------------|-------------------|-------|--------------------|--|
| Benzoyllecgonine Conf, MS, OF | 8 | ng/mL | Cutoff=8 | |
| Marijuana (THC), OF | See Final Results | ng/mL | Cutoff=4 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Marijuana (THC) | Positive | | Cutoff=4 | |
| Marijuana (THC) Conf, MS, OF | 110 | ng/mL | Cutoff=2 | |
| Opiates, OF | Negative | ng/mL | Cutoff=40 | Test Includes Codeine, Morphine, Hydrocodone, and Hydromorphone. . This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. |
| Oxycod/Oxymor, OF | Negative | ng/mL | Cutoff=40 | Test includes Oxycodone and Oxymorphone. . This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. |
| Phencyclidine, OF | Negative | ng/mL | Cutoff=10 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Methadone, OF | Negative | ng/mL | Cutoff=10 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Propoxyphene, OF | Negative | ng/mL | Cutoff=40 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Buprenorphine, OF | Negative | ng/mL | Cutoff=5 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Fentanyl, Oral Fluid | Negative | pg/mL | Cutoff=1000 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Tramadol, OF | Negative | ng/mL | Cutoff=50 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |
| Ethanol, Oral Fluid | Negative | g/dL | Cutoff=0.040 | This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. |

Notes

| | | |
|--|---------------------------------------|---------------------------------------|
| Note Date: 11/15/2021 | Submitted By: Barry Lubin | Updated Date: 11/15/2021 08:22 |
| 11/15/21--Oral fluid retest reconfirms the presence of both cocaine and benzoylecgonine in the specimen. This can only be explained by the use and ingestion of cocaine in the 24-36 hours prior to the test. Participant informed and he offered no further history. Test is POSITIVE--BHL,MD,MRO | | |
| Note Date: 11/08/2021 | Submitted By: Barry Lubin | Updated Date: 11/08/2021 02:16 |
| 11/8/21--Specimen remaining may be enough for reconfirmation which donor requests. Will order. Result--PENDING--BHL,MD,MRO | | |
| Note Date: 11/08/2021 | Submitted By: Jennifer Woodson | Updated Date: 11/08/2021 12:54 |
| request Reconfirmation of cocaine on the specimen | | |
| Note Date: 11/08/2021 | Submitted By: Barry Lubin | Updated Date: 11/08/2021 10:01 |
| 11/8/21--MRO requested for oral fluid collection with cocaine 20, benzoylecgonine 8 and THC 110. Spoke to the participant at 321-279-1118. Reports that he has a marijuana card and if that is correct then this part of this test is prescription positive. Denies the use of cocaine. However, states that the evening before the collection, he had an intimate encounter with someone who was possibly using the drug. The presence of metabolite indicates that cocaine was absorbed and metabolized the participant. Requests reconfirmation if there is specimen available. Will query the lab. Result--PENDING--BHL,MD,MRO | | |
| Note Date: 11/03/2021 | Submitted By: Catherine Yip | Updated Date: 11/03/2021 02:37 |
| 10/22- As per Labcorp solution, the specimen was received on 10/27 | | |
| Note Date: 11/02/2021 | Submitted By: Catherine Yip | Updated Date: 11/02/2021 03:53 |
| 10/22-As per Labcorp, 0884497783 is not a valid COC number. the lab was able to find 0884997783 which is under our account already. Enter correct COC number 0884497783 on the selection | | |
| Note Date: 11/02/2021 | Submitted By: Catherine Yip | Updated Date: 11/02/2021 01:53 |
| 10/22-Email Labcorp to confirm if they received the specimen | | |
| Note Date: 10/22/2021 | Submitted By: Shavina Nahar | Updated Date: 10/22/2021 09:20 |
| 9:00 am Called participant, performed observed oral fluid collection, instructed participant to store specimen in the refrigerator, entered COC number. FedEx Express Confirmation no. PIEA76 / Pickup date 10/22/2021 / Pickup time 9:30 am - 1:30pm / Pickup address: 3123 SHORELINE DR, CLEARWATER, Florida, 33760 | | |
| Test Auth# 512231611 COC# 0884497783 Fedex: 8170 8536 8641 | | |
| Note Date: 10/22/2021 | Submitted By: Tina Burokhi | Updated Date: 10/22/2021 08:32 |
| Returned call, confirmed, and booked appointment with SN at 9AM. Account was already funded, generated test and test details. Informed them to have camera, supplies, COC form and ID. Also, advised to keep 20 minutes with no interruption time and advised to not have any food or liquids 10 mins prior to collection. | | |

CHAIN OF CUSTODY FORM

DTS - RTP
LABCORP
1904 ALEXANDER DRIVE
RTP, NC 27709
1100

Customer Service: 800-833-3784



SPECIMEN ID NO.

0884997783

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

AFFINITY EHEALTH "ORAL FLUID"

B. MRO Name, Address, Phone and Fax No.

Enter Affinity eHealth Payment
authorization code on line "C"
(in lieu of SSN or ID#)

45461205



PH: 1-877-267-4305 ext. 2

FAX:

1-877-426-9616

Location:

C. Donor SSN or Employee I.D. No.

512231611

D. Reason for Test: ☐ Pre-Employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Periodic ☐ Other

E. Collection Site Address:

Collector Phone No.

Collector Fax No.

F. Donor Identification Verified By: ☒ Photo I.D. ☐ Employer Representative

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐ Yes ☐ No, Enter Remark Below Split Specimen Collection ☐ Yes ☐ No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. (321) 279 1118

Evening Phone No. ()

Date of Birth 5/25/79

H. TEST(S) REQUESTED BY EMPLOYER:

[] 1780400 [] 1780410 [] 1764197

[] 1793656 [] 1766406 [] 1794073

[] 1780290

*LOT# E44236 EXP DATE JUL23

* ORAL FLUIDS DRUG TESTING *
* ONLY *

[] OTHER-ENTER TEST # BELOW

*
*

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

Anton Gammons

(PRINT) DONOR'S NAME (FIRST, MI, LAST)

A. Gammons

SIGNATURE OF DONOR

10/22/21

MONTH DAY YEAR

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Shavina Nahar

(PRINT) Collector's Name (First, MI, Last)

9:06

AM

Time of Collection

10/22/21

Date (Mo/Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

FED Ex

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X MOHAMMAD SIDDIQI

Signature of Accessioner

OCT 23 2021

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo/Day/Yr.)

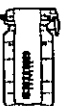
Primary Specimen
Bottle Seal Intact☒ Yes☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

TEMP STORAGE

Printed: 09/21

FORM 590 SP BC (REVISED 02/2021)



NOTE POSITION
OF BARCODE
STARTS AT
BOTTOM OF
CONTAINER AS
SHOWN HERE.



www.LabCorp.com



LabCorp Specialty Testing Group



Laboratory Accession #
FOR LAB USE ONLY

MEMORANDUM FOR THE RECORD:

ORAL FLUID DRUG TEST VIRTUAL COLLECTION

FORM SUBMISSION: Virtual collection observer emails completed MFR to CustomerCare@labcorp.com.

Specimen ID #: 0884497783

Account Number: 45461205

VIRTUAL COLLECTOR CERTIFIES (check each box after completion):

I certify that I observed the oral fluid specimen collection via videoconference and attest that I:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. Verified donor's identity | <input checked="" type="checkbox"/> 7. Observed donor placing security seal "A" over the top and down the sides of specimen transport tube |
| <input checked="" type="checkbox"/> 2. Verified nothing has been in donor's mouth within 10 minutes of starting the oral fluid collection | <input checked="" type="checkbox"/> 8. Observed donor dating and initialing security seal "A" on the sealed specimen |
| <input checked="" type="checkbox"/> 3. Observed unopened Quantisal™ collection device package | <input checked="" type="checkbox"/> 9. Observed donor placing specimen and laboratory copy of chain of custody form into biohazard specimen shipping bag |
| <input checked="" type="checkbox"/> 4. Observed donor opening collection device and placing it under tongue | <input checked="" type="checkbox"/> 10. Observed donor placing sealed biohazard bag with specimen into FedEx specimen shipping bag sealing and attaching shipping label |
| <input checked="" type="checkbox"/> 5. Observed collection device volume adequacy indicator turning blue | |
| <input checked="" type="checkbox"/> 6. Observed donor inserting collection device into uncapped transport tube and replacing the cap | |

Record FedEx or UPS Airbill Number: 8170 8536 8641

Description of error requiring correction:

The chain of custody collection form does not include a collector signature.

Corrective action:

This Memorandum for the Record is being submitted to document that the specimen was observed virtually via a videoconference.

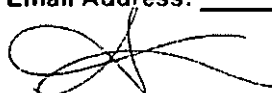
Please process the above referenced specimen to satisfy the noted deficiency.

Client expressly agrees that the Collector identified herein is an employee of the Client, and is in no manner employed, associated or otherwise affiliated with Laboratory Corporation of America Holdings and its subsidiaries ("LabCorp"). Client further expressly represents that Collector's actions and representations as designated herein are the sole responsibility of the Client. CLIENT agrees to defend, indemnify, and hold LabCorp, its parent, subsidiaries, affiliated and related companies, directors, officers, employees, and agents, wholly harmless from and against all third party claims, losses, lawsuits, settlements, demands, causes, judgments, expenses, fees and costs arising under or in connection with this Collection to the extent that such costs and liabilities are proximately caused by the negligence or willful misconduct of CLIENT.

Virtual Collector Name: Shavina Nahar

Telephone Number: 1-877-267-4304

Email Address: snahar@affinitysolutions.com


Virtual Observer Signature

Shavina Nahar
Printed Name

10/22/2021
Today's Date