

**REPORTING CHANGE**

**NOTIFICATION DATE:** September 22, 2009

**EFFECTIVE DATE:** October 27, 2009

**DRUG SCREEN, PRESCRIPTION/OTC, PLASMA  
#8421**

**EXPLANATION:** Mayo Medical Laboratories will no longer report a quantitative value for any of the drugs detected with this unit code. Drugs found to be present will be reported qualitatively as “present”. Quantitative analysis of positive results may be available via discrete unit codes specific to those tests, at an additional charge. This will require a change to the test set-up.

**Note:** Samples will be saved and available for additional testing for 10 days.

QUESTIONS: Contact your Mayo Medical Laboratories’ Regional Manager  
Jim Nielsen, Mayo Medical Laboratories’ Technologist Support  
Telephone: 800-533-1710



# TEST DEFINITION

9/18/2009

Code	Name
8421	Drug Screen, Prescription/OTC, P

\*\*\*\* End of Name to order code Report \*\*\*\*

MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
8421	7/31/2009		Drug Screen, Prescription/OTC, P			MCR
			Transport temp : Refrig\Ambient OK\Frozen OK			
			31072	Drugs detected:		
				- - - - -		
			31168	Chain of Custody		
				- - - - -		

\*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
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\*\*\* End of Report \*\*\*

MML Messages used as normals

CODE	TEXT
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Total of 0 normals codes

\*\*\* End of Report \*\*\*

1-800-533-1710

<b>PATIENT NAME</b> TESTING, GEN		<b>PATIENT NUMBER</b>		<b>AGE</b> 22	<b>SEX</b> F	<b>ACCESSION #</b> G9133207
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 08/10/09 11:20 A	<b>RECEIVED</b> 08/10/09 11:20 A	<b>REPORT PRINTED</b> 09/18/09 11:40 A		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

<b>TEST REQUESTED</b>	<b>HI</b> <b>LO</b>	<b>REF RANGE</b>	<b>PERFORM SITE *</b>
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**Drug Screen, Prescription/OTC, P**

**Drugs detected:**

Caffeine

Carbamazepine

No other drugs detected.

Quantitative testing may be available, at an additional charge. Specimens are retained for 10 business days.

**MCR**

**\* PERFORMING SITE**

MCR Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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<b>PATIENT NAME</b> TESTING, GEN	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 08/10/09 11:20 A
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