

**KETAMINE AND METABOLITE CONFIRMATION, URINE
#89443**

USEFUL FOR: Detection and confirmation of Ketamine use.

NOTE: Test #91883, Ketamine and Metabolite Screen/Confirmation, Urine, forwarded to NMS Labs, will become obsolete July 7, 2009.

METHODOLOGY: Gas chromatography-mass spectrometry (GC-MS)

REFERENCE VALUES: Negative

SPECIMEN REQUIREMENTS: 20 mL from a random urine collection. No preservative. Send specimen refrigerated in a plastic, 60-mL urine bottle. For situations where chain-of-custody is required, a Chain-of-Custody Kit (Supply T282) is available.

LIST FEE: \$149.50

CPT CODE: 80299

ANALYTIC TIME: 2 days

DAY(S) SET-UP: Monday-Friday; varies

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



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

6/9/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE NAME

 89443 KETAMINE CONFIRMATION, U

MML MML TEST SETUP INFORMATION

| ORDER CODE | EFF DATE | TC | TITLE | CHECKING NORMALS | PRINT NORMALS (# CODED) | PERFORM SITE * |
|------------|-----------|----|--|------------------|-------------------------|----------------|
| 89443 | 5/11/2009 | | KETAMINE CONFIRMATION, U | | | MCR |
| | | | TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT <72 HOURS OK | | | |
| | | | 89443 KETAMINE CONFIRMATION, U | | | |
| | | | UNITS: NG/ML | | | |
| | | | - - - - - | | | |
| | | | 29903 KETAMINE INTERPRETATION | | | |
| | | | - - - - - | | | |
| | | | 29904 CHAIN OF CUSTODY | | | |
| | | | POSSIBLE RESULT VALUES INCLUDE : ON FILE#TCC,FILED | | | |
| | | | - - - - - | | | |

*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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MML MESSAGES USED AS NORMALS

CODE TEXT

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

3/18/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE NAME

 29345 ADULTERANTS SURVEY, U

MML MML TEST SETUP INFORMATION

| ORDER CODE | EFF DATE | TC | TITLE | CHECKING NORMALS | PRINT NORMALS (# CODED) | PERFORM SITE * |
|------------|-----------|----|--|------------------|-------------------------|----------------|
| 29345 | 2/20/2009 | | ADULTERANTS SURVEY, U | | | MCR |
| | | | TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT <72 HOURS OK | | | |
| | | | 20606 CREATININE, U | | | |
| | | | EXPECT RESULTS OF FORM : SHOULD BE 1-3 DIGITS PLUS 1 DECIMAL PLACE | | | |
| | | | 22312 | SPECIFIC GRAVITY | | |
| | | | 23509 | pH | | |
| | | | 23511 | OXIDANTS | | |
| | | | 23510 | NITRITES | | |
| | | | 23512 | CHROMATE | | |
| | | | 30914 | COMMENT | | |

*PERFORMING SITE LEGEND

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 200 FIRST STREET SW
 ROCHESTER, MN 55905

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MML MESSAGES USED AS NORMALS

CODE TEXT

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***



LABORATORY SERVICE REPORT

1-800-533-1710

| | | | | | | |
|--|------------------------------|------------------------------------|-------------|--|----------|-------------------------|
| PATIENT NAME TESTING, BECCA | | PATIENT NUMBER | | AGE 36 | SEX F | ACCESSION # G9129062 |
| ORDERING PHYSICIAN DR DERLEN | | CLIENT ORDER # | | | | ACCOUNT # LIAISONS |
| COLLECTION 06/09/09 01:59 P | RECEIVED 06/09/09 01:59 P | REPORT PRINTED 06/09/09 02:51 P | | SPECIMEN INFORMATION DATE OF BIRTH: | | |
| DATE | TIME | DATE | TIME | | | |
| Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202 | | | | | | |

| TEST REQUESTED | HI LO | REF RANGE | PERFORM SITE * |
|---------------------------------|----------|-----------|----------------|
| Adulterants Survey, U | | | |
| Creatinine, U | 97 | | MCR |
| Specific Gravity | 1.010 | | MCR |
| pH | 6.1 | | MCR |
| Oxidants | Negative | | MCR |
| Ketamine Confirmation, U | | | |
| Ketamine Confirmation, U | Negative | ng/mL | MCR |
| Ketamine Interpretation | Negative | | 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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| | | |
|--------------------------------|-----------------------|--|
| PATIENT NAME TESTING, BECCA | ORDER STATUS Final | COLLECTION DATE AND TIME 06/09/09 01:59 P |
|--------------------------------|-----------------------|--|

Specimen receipt and report times are in CST/CDT

REPRINT

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