

**6-MONOACETYLMORPHINE (6-MAM)
#89605**

USEFUL FOR: Determination of heroin use.

METHODOLOGY: Gas Chromatography-Mass Spectrometry

NOTE: This test is only indicated when Morphine concentration is $>$ or $=$ 2000ng/mL.

TESTING ALGORITHM:

- An evaluation to detect the presence of adulterants will be performed and reported at no additional charge.

ADDITIONAL TESTS:

| Unit Code | Reporting Name | Available Separately | Always Performed |
|-----------|-----------------------|----------------------|------------------|
| 29345 | Adulterants Survey, U | No | Yes |

REFERENCE VALUES: Negative

SPECIMEN REQUIREMENTS: 20 mL from a random urine collection. No preservative. Send specimen refrigerated in a plastic, 60-mL urine bottle. Minimum volume of 2.1 mL

CAUTIONS: While 6-MAM is metabolized to morphine, the presence of morphine alone is not sufficient evidence to prove heroin use. 6-MAM is the only definitive metabolite of heroin.

LIST FEE: \$134.70

CPT CODE: 83925

ANALYTIC TIME: 2 days

DAY(S) SET-UP: Sunday-Friday

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

6/2/2009

| ORDER CODE | EFF DATE | TC | TITLE | CHECKING NORMALS | PRINT NORMALS (# CODED) | PERFORM SITE * |
|------------|-----------|----|--|------------------|-------------------------|----------------|
| 89605 | 4/20/2009 | | 6-MAM, U | | | MCR |
| | | | TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT <72 HOURS OK | | | |
| | | | 30983 6-MONOACETYLMORPHINE BY GC/MS | | | |
| | | | EXPECT RESULTS OF FORM : SHOULD BE A 1-7 DIGIT WHOLE NUMBER WITH OR WITHOUT "<" OR ">" | | | |
| | | | POSSIBLE RESULT VALUES INCLUDE : NEGATIVE,NEGATIVE,NEGATIVE | | | |
| | | | UNITS: NG/ML | | | |
| | | | NO SEX | | | |
| | | | ALL AGES : | | | ; CUTOFF: 5 |
| | | | MALE | | | |
| | | | ALL AGES : | | | ; CUTOFF: 5 |
| | | | FEMALE | | | |
| | | | ALL AGES : | | | ; CUTOFF: 5 |
| | | | ----- | | | |
| | | | 29898 | INTERPRETATION | | |
| | | | POSSIBLE RESULT VALUES INCLUDE : NEGATIVE,NEGATIVE,NEGATIVE,NEGATIVE,POSITIVE | | | |
| | | | ----- | | | |
| | | | 29899 | CHAIN OF CUSTODY | | |
| | | | ----- | | | |

*PERFORMING SITE LEGEND

MCR MAYO CLINIC DPT OF LAB MED & PATHOLOGY
 200 FIRST STREET SW
 ROCHESTER, MN 55905

LAB DIRECTOR: FRANKLIN R. COCKERILL, III, M.D.

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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MCR MAYO CLINIC DPT OF LAB MED & PATHOLOGY
200 FIRST STREET SW
ROCHESTER, MN 55905
=====

LAB DIRECTOR: FRANKLIN R. COCKERILL, III, M.D.

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, JESS | | PATIENT NUMBER | | AGE 23 | SEX F | ACCESSION # G9128323 |
| ORDERING PHYSICIAN | | CLIENT ORDER # | | | | ACCOUNT # LIAISONS |
| COLLECTION 06/02/09 01:58 P | RECEIVED 06/02/09 01:58 P | REPORT PRINTED 06/02/09 03:11 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 | <1.0 | | MCR |
| Specimen unusually dilute. | | | |
| Suspect specimen substitution. | | | |
| Specific Gravity | <1.001 | | MCR |
| Specimen unusually dilute. | | | |
| Suspect specimen substitution. | | | |
| pH | 4.0 | | MCR |
| Oxidants | Negative | | MCR |
| 6-MAM, U | | | |
| 6-Monoacetylmorphine | 10 | ng/mL | Cutoff: 5 MCR |
| by GC/MS | | | |
| Interpretation | Positive | | 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. |
|-----|---|--|

| | | |
|-------------------------------|-----------------------|--|
| PATIENT NAME TESTING, JESS | ORDER STATUS Final | COLLECTION DATE AND TIME 06/02/09 01:58 P |
|-------------------------------|-----------------------|--|

Specimen receipt and report times are in CST/CDT

REPRINT

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