

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 200244 IS		<b>PATIENT NUMBER</b> L3MRNG9158378		<b>AGE</b> 30Y	<b>SEX</b> F	<b>ACCESSION #</b> G9158378
<b>ORDERING PHYSICIAN</b>			<b>CLIENT ORDER #</b>		<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 10/21/10 10:20 A <small>DATE      TIME</small>	<b>RECEIVED</b>  <small>DATE      TIME</small>	<b>REPORT PRINTED</b> 11/01/10    12:52 P <small>DATE      TIME</small>	<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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**Drug of Abuse, Opiate Conf, U**

Confirmation - Opiates	Negative			NEL
Codeine	Negative	ng/mL	<100	NEL
Hydrocodone	Negative	ng/mL	<100	NEL
Hydromorphone	Negative	ng/mL	<100	NEL
Morphine	Negative	ng/mL	<100	NEL
Oxycodone	Negative	ng/mL	<100	NEL
Oxymorphone	Negative	ng/mL	<100	NEL

This report is intended for use in clinical monitoring and management of patients. It is not intended for use in employment-related drug testing.

**Drugs of Abuse, Clin, DAU10, U**

Amphetamines	Negative	ng/mL	Cutoff: 1000	NEL
MDMA (Ecstasy)	Negative	ng/mL	Cutoff: 500	NEL
Barbiturates	Negative	ng/mL	Cutoff: 200	NEL
Benzodiazepines	Negative	ng/mL	Cutoff: 200	NEL
Cocaine Metabolite	Negative	ng/mL	Cutoff: 300	NEL
Methadone	Negative	ng/mL	Cutoff: 300	NEL
Opiates	Negative	ng/mL	Cutoff: 300	NEL
Phencyclidine	Negative	ng/mL	Cutoff: 25	NEL
Propoxyphene	Negative	ng/mL	Cutoff: 300	NEL
Tetrahydrocannabinols	Negative	ng/mL	Cutoff: 50	NEL
Ethanol	Negative	mg/dL	Cutoff: 10	NEL

Results from this test are presumptive; for positive results refer to the corresponding drug confirmation for the definitive result.

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\* Perform Site Legend on last page of report

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## \* PERFORMING SITE

NEL      Mayo Medical Laboratories New England 160 Dascomb Road    Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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