

1-800-533-1710

PATIENT NAME				PATIENT NUMBER		AGE	SEX	ACCESSION #	
TESTING, 90479				L3MRNG9167789			50	F	G9167789
ORDERING PHYSICIAN				CLIENT ORDER #					ACCOUNT # LIAISONS
COLLECTION		RECEIVED		REPORT PRINTED		SPECIMEN INFORMA	TION		
04/01/11 04:08 P		04/01/11 04:08 P		04/05/11	10:47 A	DATE OF BIRTH:			
DATE	TIME	DATE	TIME	DATE	TIME				
Test Client									
Attn: Mayo Liaisons									
200 First Street SW									
Rochester, MN 55905									
507-284-8202									

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TEST REQUESTED LO REF RANGE PERFORM SITE*

Cannabinoid Analysis, whole blood REPORTED: 04/01/11 04:11 P

THC (Marijuana) POSITIVE REF

Metabolite

Specimen TypeWhole BloodREFTetrahydrocannabinol12.5ng/mLREF

GC/MS Confirm

Carboxy-THC 14.5 ng/mL REF

This specimen was screened by Immunoassay. Any positive result is confirmed by Gas Chromatography with Mass

Spectrometry (GC/MS). The following threshold

concentrations are used for this analysis:

DRUG SCREENING CONFIRMATION

THRESHOLD THRESHOLD

Cannabinoids 5 ng/mL

Tetrahydrocannabinol (THC) 2 ng/mL Carboxy-THC 2 ng/mL

TEST PERFORMED BY MEDTOX LABORATORIES, INC.

402 W. COUNTY ROAD D ST. PAUL, MN. 55112

* PERFORMING SITE

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 90479	Final	04/01/11 04:08 P