

Laboratory Service Report

1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
SAMPLEREPORT,CDAU1	SA00046652	45	F	SA00046652
Ordering Phys		•		DOB
				06/10/1966
Client Order #	Account Information			Report Notes
SA00046652				
Collected	C7028846-DLMP RO	CHESTER		
05/20/2012	3050 SUPERIOR DRI	VE		
Printed	ROCHESTER,MN 559	001		
07/26/2012 10:14				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Confirmed Drug Abuse Survey 1, U			REPORTED 06/	27/2012 11:41	
Alcohol		Negative	mg/dL	Cutoff: 30	MCR
Amphetamines		Negative	ng/mL	Cutoff: 500	MCR
Barbiturates		Negative	ng/mL	Cutoff: 200	MCR
Cocaine		Negative	ng/mL	Cutoff: 150	MCR
Methadone		Negative	ng/mL	Cutoff: 300	MCR
Opiates		Negative	ng/mL	Cutoff: 300	MCR
Phencyclidine		Negative	ng/mL	Cutoff: 25	MCR
Propoxyphene		Negative	ng/mL	Cutoff: 300	MCR
This report is intended for us	se in clini	cal monitoring	and		
management of nationts It is	a not inten	ded for use in			

management of patients. It is not intended for use in employment-related testing.

* Performing Site:

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MCR	Mayo Clinic Laboratories - Rochester Main Campus	Lab Director: Franklin R. Cockerill, III. M.D.
WOIX	200 First St SW Rochester MN 55905	Lab Director. I farkiii N. Cockeriii, III, W.D.

Patient Name	Collection Date and Time	Report Status
SAMPLEREPORT,CDAU1	05/20/2012	Final
Page 1 of 1		** End of Report **

^{*} Report times for Mayo performed tests are CST/CDT