

<b>Patient Name</b> SAMPLEREPORT,FVIST NORMAL	<b>Patient ID</b> SA00057544	<b>Age</b> 42	<b>Gender</b> M	<b>Order #</b> SA00057544
<b>Ordering Phys</b> CLIENT,CLIENT				<b>DOB</b> 11/09/1970
<b>Client Order #</b> SA00057544	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 05/16/2013 13:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
<b>Printed</b> 07/23/2013 14:21				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Hydroxyzine (Vistaril)		75	ng/ml	10 - 100	Y07 2

RECEIVED:      REPORTED: 05/21/2013 07:29

\* Performing Site:

Y072	Medtox Laboratories, Inc. 402 W. County Road D St. Paul, MN 55112	Lab Director:
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<b>Patient Name</b> SAMPLEREPORT,FVIST NORMAL	<b>Collection Date and Time</b> 05/16/2013 13:00	<b>Report Status</b> Final
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\* Report times for Mayo performed tests are CST/CDT