



Patient ID <b>SA00057545</b>	Patient Name <b>SAMPLEREPORT, FVIST ABNORMAL</b>	Birth Date <b>1970-11-09</b>	Gender <b>M</b>	Age <b>42</b>
Order Number <b>SA00057545</b>	Client Order Number <b>SA00057545</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>16 May 2013 13:00</b>		

**Hydroxyzine (Vistaril)**



**110 ng/ml**

High

**Y072**

Reference Value  
10-100

**Received:** 17 May 2013 13:57

**Reported:** 21 May 2013 07:30

QA  
Environment

**Performing Site Legend**

Code	Laboratory	Address
Y072	Medtox Laboratories, Inc	402 W. County Road D, St. Paul , MN 55112