

## **Laboratory Service Report**

## 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
SAMPLEREPORTS, MSMT NEGATIVE	NA00026339	23	M	NA00026339
Ordering Phys CLIENT,CLIENT				<b>DOB</b> 05/05/1990
Client Order # NA00026339	C7028847-DLMP New England SDSC 2 - Client Support			Report Notes
<b>Collected</b> 01/13/2014 08:28				
<b>Printed</b> 01/28/2014 09:59	Rochester, MN 55901			

Test	Flag Results	Unit	Reference Value	Perform Site*
Drug of Abuse, Methadone Conf, U RECEIVED: 01/13/2014 07:30 REPORTED	• 01/13/2014 07:36			
Confirmation - Methadone	Negative		Negative	NEL
Methadone	Negative	ng/mL	Cutoff: <100	NEL
EDDP	Negative	ng/mL	Cutoff: <100	NEL
This report is intended for management of patients. It is	9	and		

\* Performing Site:

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

Patient Name	Collection Date and Time	Report Status
SAMPLEREPORTS,MSMT NEGATIVE	01/13/2014 08:28	Final
Page 1 of 1		** End of Report **

<sup>\*</sup> Report times for Mayo performed tests are CST/CDT

employment-related drug testing.