

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, GOOD			L3MRNG91	51985		54	F	G9151985
ORDERING PHYSICIAN GOOD			CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PRI	NTED	SPECIMEN INFORMA	TION		
06/17/10 02:05 P	06/17/10 0	2:05 P	07/13/10	10:46 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								

	HI			
TEST REQUESTED	LO		REF RANGE	PERFORM SITE *
Opiate Confirmation, M				
Morphine	Negative	ng/g	Cutoff: 50 i	ng/g MCR
Oxymorphone	Negative	ng/g	Cutoff: 50 i	ng/g MCR
Hydromorphone	Negative	ng/g	Cutoff: 50 i	ng/g MCR
Codeine	Negative	ng/g	Cutoff: 50 i	ng/g MCR
Oxycodone	Negative	ng/g	Cutoff: 50 i	ng/g MCR
Hydrocodone	Negative	ng/g	Cutoff: 50 i	ng/g MCR
Interpretation	Negative			MCR

* PERFORMING SITE

MCR	Mayo Clinic Dpt of Lab Med & Pathology	Lab Director: Franklin R. Cockerill, III, M.D.
	200 First Street SW Rochester, MN 55905	

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, GOOD	Final	06/17/10 02:05 P