

1-800-533-1710

PATIENT NAME			PATIENT NU	PATIENT NUMBER		AGE	SEX	ACCESSION #
TESTING, 501196 IS			L3MRNG91	L3MRNG9158381		50Y	М	G9158381
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION RECEIVED		REPORT PRINTED		SPECIMEN INFORMA	ATION			
10/21/10 10:29 A			11/01/10	12:43 P	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 \*

## Drug of Abuse, Opiate Conf, U

Confirmation - Opiates	Negative			NEL
Codeine	Negative	ng/mL	<100	NEL
Hydrocodone	Negative	ng/mL	<100	NEL
Hydromorphone	Negative	ng/mL	<100	NEL
Morphine	Negative	ng/mL	<100	NEL
Oxycodone	Negative	ng/mL	<100	NEL
Oxymorphone	Negative	ng/mL	<100	NEL

This report is intended for use in clinical monitoring and management of patients. It is not intended for use in employment-related drug testing.

## Opiate screen, U

Opiates Negative ng/mL Cutoff: 300 NEL

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## \* PERFORMING SITE

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

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 501196 IS	Final	10/21/10 10:29 A