

1-800-533-1710

PATIENT N	AME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, SHEILA			L3MRNG91	L3MRNG9158815		35	F	G9158815	
ORDERING	PHYSICIAN			CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTIO	ON	RECEIVED		REPORT PR	NTED	SPECIMEN INFORMA	ATION		
10/28/10 09:36 A 10/28/10 09:36 A		11/15/10	10:06 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								
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HI				
TEST REQUESTED LC)		REF RANGE PEF	RFORM SITE *
Drugs of Abuse Screen, Meconium 5				
Amphetamine	Reflex*	ng/g	Cutoff: 50	MCR
*Drug confirmation	ordered by reflex.			
Refer to confirmati	on result to follow			
for the definitive	result.			
Methamphetamine	Positive	ng/g	Cutoff: 100	MCR
Presumptive result	only. See confirmation	l		
analysis for defini	tive result.			
Cocaine	Negative	ng/g	Cutoff: 50	MCR
Opiate	Reflex*	ng/g	Cutoff: 50	MCR
*Drug confirmation	ordered by reflex.			
Refer to confirmati	on result to follow			
for the definitive	result.			
Phencyclidine	Negative	ng/g	Cutoff: 20	MCR
Tetrahydrocannabinol	Reflex*	ng/g	Cutoff: 10	MCR
*Drug confirmation	ordered by reflex.			
Refer to confirmati	on result to follow			
for the definitive	result.			
Carboxy-THC Confirmation, M				
THC	15	ng/g	Cutoff: 10	MCR
Interpretation	Positive			MCR
Opiate Confirmation, M				
Morphine	450	ng/g	Cutoff: 50	MCR
Oxymorphone	450	ng/g	Cutoff: 50	MCR
Hydromorphone	450	ng/g	Cutoff: 50	MCR
Codeine	450	ng/g	Cutoff: 50	MCR
Oxycodone	450	ng/g	Cutoff: 50	MCR
Hydrocodone	450	ng/g	Cutoff: 50	MCR
Interpretation	Positive			MCR

Amphetamines, Confirmation, M

^{*} Perform Site Legend on last page of report

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, SHEILA	Final	10/28/10 09:36 A



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TESTING, SHEILA			L3MRNG9158815			35	F	G9158815	
ORDERING PHYSICIAN			CLIENT ORDER #				ACCOUNT # LIAISONS		
COLLECTION	ON	RECEIVED		REPORT PRI	NTED	SPECIMEN INFORMA	TION		
10/28/10 09:36 A 10/28/10 09:36 A		11/15/10	10:06 A	DATE OF BIRTH:					
DATE	TIME	DATE	TIME	DATE	TIME				
Test Clie	nt								
Attn: Mayo Liaisons									
200 First Street SW									
Rochester, MN 55905									
507-284-8202									

HI			
LO		REF RANGE	PERFORM SITE *
500	ng/g	Cutoff: 50	MCR
500	ng/g	Cutoff: 50	MCR
500	ng/g	Cutoff: 50	MCR
500	ng/g	Cutoff: 50	MCR
500	ng/g	CUtoff: 50	MCR
Positive			MCR
	500 500 500 500 500	500 ng/g 500 ng/g 500 ng/g 500 ng/g 500 ng/g 500 ng/g	LO REF RANGE 500 ng/g Cutoff: 50 500 ng/g Cutoff: 50 500 ng/g Cutoff: 50 500 ng/g Cutoff: 50 500 ng/g CUtoff: 50

* 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	

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TESTING, SHEILA	Final	10/28/10 09:36 A