

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 57114			L3MRNW40	L3MRNW4001186			F	W4001186
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION	DLLECTION RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
11/22/10 11:00 A	1:00 A 11/22/10 11:00 A		11/22/10	03:07 P	DATE OF BIRTH: 6/19/1960			
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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TEST REQUESTED LO REF RANGE PERFORM SITE *

Alcohol Biomarkers

Ethyl Glucuronide

POSITIVE

REF

This specimen was screened by immunoassay. Any positive result was confirmed by liquid chromatography with tandem mass spectrometry (LC/MS/MS).

The following threshold concentrations were used for this analysis:

Drug screening threshold confirmation threshold

Ethyl glucuronide 500 ng/mL 500 ng/mL ethyl sulfate 500 ng/mL

Alternative explanations should be explored for any positive finding. This panel includes tests for specimen validity.

Please note that incidental exposure to alcohol may result in detectable levels of etg and/or ets. The Center for Substance abuse Prevention (CSAP) advises caution in interpretation and use of biomarkers alone to assess alcohol use. ETG/ETS results should be interpreted in the context of all available clinical and behavioral information.

Alcohol Biomarkers ng/mL REF

Confirmation

Ethyl Glucuronide 501 ng/mL Ethyl Sulfate 251 ng/mL

Test Performed by: Medtox Laboratories, Inc.

402 W. County Road D St. Paul, MN 55112

* PERFORMING SITE

PATIENT NAME TESTING, 57114	ORDER STATUS Final	COLLECTION DATE AND TIME 11/22/10 11:00 A
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