

1-800-533-1710

PATIENT NAME TESTING, 90479		PATIENT NUMBER L3MRNG9167791		AGE 40	SEX F	ACCESSION # G9167791
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 04/01/11 04:13 P	RECEIVED 04/01/11 04:13 P	REPORT PRINTED 04/05/11 10:50 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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Cannabinoid Analysis, whole blood
REPORTED: 04/01/11 04:14 P
THC (Marijuana)
NEGATIVE
REF
Metabolite
Specimen Type
Whole Blood
REF

This specimen was screened by Immunoassay. Any positive result is confirmed by Gas Chromatography with Mass Spectrometry (GC/MS). The following threshold concentrations are used for this analysis:

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
Cannabinoids	5 ng/mL	
Tetrahydrocannabinol (THC)		2 ng/mL
Carboxy-THC		2 ng/mL

TEST PERFORMED BY MEDTOX LABORATORIES, INC.
 402 W. COUNTY ROAD D
 ST. PAUL, MN. 55112

* PERFORMING SITE

PATIENT NAME TESTING, 90479	ORDER STATUS Final	COLLECTION DATE AND TIME 04/01/11 04:13 P
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