

Laboratory Service Report

1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TEST, IMPLEMENTATION TESTING	321	56	M	X100027717
Ordering Phys			•	DOB
TESTING				05/23/1955
Client Order #	Account Information	n		Report Notes
X100027717				
Collected	C7028846-DLMP RC	CHESTER		
04/10/2012 09:00	3050 SUPERIOR DR	3050 SUPERIOR DRIVE		
Printed	ROCHESTER,MN 55	901		
04/10/2012 14:49				

Test	Flag Results	Unit	Reference Value	Perform Site*
Heroin Analysis, Blood Heroin	Positive	REPORTED 04	1/10/2012 11:35	Y07 2
Specimen Type	Serum			Y07 2
This specimen was screened by Any positive result is confire Chromatography with Mass Spec The following threshold concer used for this analysis: Screening Drug Threshold	med by Gas trometry(GC/MS)			
Heroin 10 ng/mL	10			
Morphine 6-acetylmorphine	10 ng/mL 6 ng/mL			
6-Acetylmorphine, Confirmation	15	ng/mL		Y07 2
Morphine, unconjugated Confirm Reference ranges are for acutorin opiate naive patients; much		ng/mL	10 - 70	Y07 2

Reference ranges are for acute, short-term use in opiate naive patients; much higher concentrations may be attained in habituated patients on chronic opiate regimens.

* Performing Site:

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Y072	Medtox Laboratories, Inc.	Lab Director:	
1072	402 W. County Road D.St. Paul, MN 55112	Lab Director:	

Patient Name	Collection Date and Time	Report Status
TEST,IMPLEMENTATION TESTING	04/10/2012 09:00	Final
Page 1 of 1		** End of Report **

^{*} Report times for Mayo performed tests are CST/CDT