

Patient Name TESTING,90085	Patient ID	Age	Gender	Order # W2943850
Ordering Phys		DOB		
Client Order # W2943850	Account Information C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901	Report Notes		
Collected 10/16/2009 06:00				
Printed 10/16/2009 12:28	(507)266-5730			

Test	Flag	Results	Unit	Reference Value	Perform Site*
CYCLOBENZAPRINE (FLEXERIL)	L	<10			
-- REFERENCE VALUE -- 10 - 30					
TEST PERFORMED BY MEDTOX LABORATORIES, INC. 402 W. COUNTY ROAD D ST. PAUL, MN 55112					
REPORTED 10/16/2009 11:37 ng/ml					

Patient Name TESTING,90085	Collection Date and Time 10/16/2009 06:00	Report Status Final
Page 1 of 1		** End of Report **

* Report times for Mayo performed tests are CST/CDT