

Laboratory Service Report

1-	800	-533-1	710

Patient Name	Patient ID	Age		Order #
SAMPLEREPORT,DASM5 A	SA00060149	46	M	SA00060149
Ordering Phys CLIENT,CLIENT				DOB 09/09/1966
Client Order # SA00060149	Account Information			Report Notes
Collected 07/21/2013 06:30	3050 Superior Drive			
Printed 08/07/2013 14:36	Rochester, MN 55901			

Test	Flag	Results	Unit	Reference Value	Perform Site*
Amphetamines, Confirmation, M					
RECEIVED: 07/23/2013 14:44 REPORTED: 07/	23/201				
Amphetamine		Negative	ng/g	Cutoff: 50	MCR
Methamphetamine		Negative	ng/g	Cutoff: 50	MCR
3,4-methylenedioxyamphetamine		Negative	ng/g	Cutoff: 50	MCR
3,4-methylene-dioxyethylamphetamine		Negative	ng/g	Cutoff: 50	MCR
3,4-methylene-dioxy-methamphetamine		Negative	ng/g	Cutoff: 50	MCR
Interpretation		Negative.			MCR
Description of Name of					
Drugs of Abuse Screen, Meconium 5 RECEIVED: 07/22/2013 10:10 REPORTED: 07/	22/201	2 14.44			
Amphetamine REPORTED: 07/	23/201	Presumptive Positive	20/0	Cutoff: 100	MCR
-		-	ng/g	Cutoff: 100	MCR
Drug confirmation to follow. Pre	_				
that the screening method is posi					
to be run by a confirmatory metho	d beto	_			
Methamphetamine		Negative	ng/g	Cutoff: 100	MCR
Cocaine		Negative	ng/g	Cutoff: 100	MCR
Opiate		Negative	ng/g	Cutoff: 100	MCR
Phencyclidine		Negative	ng/g	Cutoff: 20	MCR
Tetrahydrocannabinol		Negative	ng/g	Cutoff: 20	MCR

* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director:	

Patient Name	Collection Date and Time	Report Status
SAMPLEREPORT,DASM5 A	07/21/2013 06:30	Final
Page 1 of 1		** End of Report **

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