

## **Laboratory Service Report**

5.9

## 1-800-533-1710

Patient Name TESTING,90117	Patient ID	Age	Gender	<b>Order #</b> W2963800
Ordering Phys		DOB		
Client Order #	Account Information	Report N	otes	
W2963800 Collected	C7999998-STUSTEST 200 FIRST STREET SW			
10/19/2009 06:00	ROCHESTER, MN 55901			
<b>Printed</b> 10/19/2009 11:31	(507)266-5730			

Reference Perform Test Flag Results Unit Value Site\*

Dextromethorphan (DM)

-- REFERENCE VALUE --2.0-6.0

Test Performed by: MedTox Laboratories, Inc. 402 W. County Road D St. Paul, MN 55112

REPORTED 10/19/2009 11:21

ng/mL

Patient Name	Collection Date and Time	Report Status
TESTING,90117	10/19/2009 06:00	Final
Page 1 of 1		** End of Report **

<sup>\*</sup> Report times for Mayo performed tests are CST/CDT