

<b>Patient Name</b> SAMPLEREPORT,DTHC N	<b>Patient ID</b> M0001879	<b>Age</b> 40	<b>Gender</b> F	<b>Order #</b> M0001879
<b>Ordering Phys</b>				<b>DOB</b> 09/28/1971
<b>Client Order #</b> M0001879	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 05/24/2012 10:55	C7028847-DLMP New England SDSC 2 - Client Support Rochester, MN 55901			
<b>Printed</b> 08/13/2013 10:07				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Drug of Abuse, THC, U</b>					
RECEIVED: 05/24/2012 09:55    REPORTED: 08/12/2013 14:35					
Tetrahydrocannabinols		Negative	ng/mL	Cutoff: 50	NEL
Results from this test are presumptive; for positive results refer to the corresponding drug confirmation for the definitive result. This report is intended for use in clinical monitoring and management of patients. It is not intended for use in employment-related drug testing.					

\* Performing Site:

NEL	Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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<b>Patient Name</b> SAMPLEREPORT,DTHC N	<b>Collection Date and Time</b> 05/24/2012 10:55	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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