

Patient Name TESTING,505331	Patient ID	Age	Gender	Order # W2761861
Ordering Phys		DOB		
Client Order # W2761861	Account Information C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901 (507)266-5730	Report Notes		
Collected 09/29/2009 06:00				
Printed 09/29/2009 11:16				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Drug of Abuse, THC, U Tetrahydrocannabinols		Negative	ng/mL	REPORTED 09/29/2009 10:56 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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Patient Name TESTING,505331	Collection Date and Time 09/29/2009 06:00	Report Status Final
Page 1 of 1		** End of Report **

* Report times for Mayo performed tests are CST/CDT