

Laboratory Service Report

1-800-533-1710

Reference

Perform

Patient Name	Patient ID	Age	Gender	Order #
TESTING,8473	C7999998-001376	41 Y	М	H1456299
Ordering Phys		DOB		
		06/04/1968		
Client Order #	Account Information	Report Notes	;	
8473	C7999998-STUSTEST			
Collected	200 FIRST STREET SW			
07/16/2009 11:00	ROCHESTER, MN 55901			
Printed				
07/17/2009 07:04	(507)266-5730			

Test	Flag	Results	Unit	Value	Site*
Opiates, U			REPORTED 0	7/16/2009 12:42	
Immunoassay Screen		Positive		Cutoff: 300	MCR
Codeine-by GC/MS		235	ng/mL	Cutoff: 100	MCR
Hydrocodone-by GC/MS		254	ng/mL	Cutoff: 100	MCR
Hydromorphone-by GC/MS		117	ng/mL	Cutoff: 100	MCR
Oxycodone-by GC/MS		112	ng/mL	Cutoff: 100	MCR
Morphine-by GC/MS		265	ng/mL	Cutoff: 100	MCR
Interpretation		Positive			MCR
This report is intended for use in	clinical moni	toring and			
management of patients. It is not in	ntended for u	se in			
employment-related drug testing.					
Adulterants Survey, U			REPORTED C	7/16/2009 12:41	
Creatinine, U		38.0			MCR
Specific Gravity		1.003			MCR
рН		5.9			MCR
Oxidants		Negative			MCR

* Performing Site:

MCR	Mayo Clinic Dpt of Lab Med & Pathology	Lab Director: Franklin R. Cockerill, III, M.D.
IVICK	200 First St SW Rochester, MN 55905	Lab Director. Franklin R. Cockerill, III, W.D.

Patient Name	Collection Date and Time	Report Status
TESTING.8473	07/16/2009 11:00	Final
Page 1 of 1		** End of Report **

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