

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 500373 IS		<b>PATIENT NUMBER</b> L3MRNG9158132		<b>AGE</b> 35	<b>SEX</b> M	<b>ACCESSION #</b> G9158132
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>			<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 10/19/10 11:39 A	<b>RECEIVED</b> 10/19/10 11:39 A	<b>REPORT PRINTED</b> 10/19/10 01:49 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
----------------	----	----	-----------	----------------

**Drug of Abuse, Propoxyphene Conf, U**

GC/MS Confirmation -	Negative			NEL
Propoxyphene				
Propoxyphene	Negative	ng/mL	Cutoff: <300	NEL
Norpropoxyphene	Negative	ng/mL	Cutoff: <300	NEL

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.
---	-------------------------------------

<b>PATIENT NAME</b> TESTING, 500373 IS	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 10/19/10 11:39 A
---	------------------------------	---