

| | | | | |
|---|---|-----------------|--------------------|------------------------------|
| Patient Name SAMPLEREP,DAU8 A | Patient ID NA00025073 | Age 7 | Gender M | Order # NA00025073 |
| Ordering Phys | | | | DOB 05/05/2005 |
| Client Order # NA00025073 | Account Information C7028847-DLMP NEW ENGLAND SDSC 2 - CLIENT SUPPORT Rochester, MN 55901 | | | Report Notes |
| Collected 08/02/2012 08:27 | | | | |
| Printed 09/13/2012 15:04 | | | | |

| Test | Flag | Results | Unit | Reference Value | Perform Site* |
|--|------|----------|---------------------------|-----------------|---------------|
| Drugs of Abuse, Clin, DAU8, U | | | REPORTED 08/02/2012 08:17 | | |
| Amphetamines | | Positive | ng/mL | Cutoff: 500 | NEL |
| Barbiturates | | Negative | ng/mL | Cutoff: 200 | NEL |
| Benzodiazepines | | Negative | ng/mL | Cutoff: 200 | NEL |
| Cocaine Metabolite | | Negative | ng/mL | Cutoff: 150 | NEL |
| Opiates | | Negative | ng/mL | Cutoff: 300 | NEL |
| Phencyclidine | | Negative | ng/mL | Cutoff: 25 | NEL |
| Tetrahydrocannabinols | | Negative | ng/mL | Cutoff: 50 | NEL |
| Ethanol | | Negative | mg/dL | Cutoff: 10 | 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. | | | | | |

| | | | | | |
|---|--|----------|---------------------------|--------------|-----|
| Drug of Abuse, Amphetamine Conf, U | | | REPORTED 08/02/2012 10:03 | | |
| GC/MS Confirmation - Amphetamine | | Positive | | | NEL |
| Amphetamine | | 100 | ng/mL | Cutoff: <50 | NEL |
| Methamphetamine | | Negative | ng/mL | Cutoff: <50 | NEL |
| MDMA (Ecstasy) | | Negative | ng/mL | Cutoff: <50 | NEL |
| MDA (Ecstasy Metabolite) | | Negative | ng/mL | Cutoff: <50 | NEL |
| Phentermine | | Negative | ng/mL | Cutoff: <500 | 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. |
|-----|---|-------------------------------------|

| | | |
|---|---|-------------------------------|
| Patient Name SAMPLEREP,DAU8 A | Collection Date and Time 08/02/2012 08:27 | Report Status Final |
| Page 1 of 1 | | ** End of Report ** |

* Report times for Mayo performed tests are CST/CDT