

|  |   |                 |                          |                              |
|--|---|-----------------|--------------------------|------------------------------|
| <b>Patient Name</b><br>SAMPLEREP,IMPR ABNORMAL | <b>Patient ID</b><br>NA00024997   | <b>Age</b><br>7 | <b>Gender</b><br>M       | <b>Order #</b><br>NA00024997 |
| <b>Ordering Phys</b>                           |   |                 | <b>DOB</b><br>05/05/2005 |                              |
| <b>Client Order #</b><br>NA00024997            | <b>Account Information</b><br>C7028847-DLMP NEW ENGLAND<br>SDSC 2 - CLIENT SUPPORT<br>Rochester, MN 55901 |                 |                          | <b>Report Notes</b>          |
| <b>Collected</b><br>06/12/2012 08:23           |   |                 |                          |                              |
| <b>Printed</b><br>09/25/2012 07:47             |   |                 |                          |                              |

| Test  | Flag | Results | Unit  | Reference Value                             | Perform Site* |
|---|------|---------|-------|---|---------------|
| <b>Imipramine and Desipramine, S</b>  |      |         |       |   |               |
| Imipramine, S   |      | 100     | ng/mL | REPORTED 06/12/2012 07:29<br>Not applicable | NEL           |
| Desipramine   | CH   | 300     | ng/mL |   | NEL           |
| -- REFERENCE VALUE --<br>100 - 300 (Therapeutic concentration), >=300 (Toxic concentration) |      |         |       |   |               |
| Imipramine and Desipramine  | CH   | 400     | ng/mL |   | NEL           |
| -- REFERENCE VALUE --<br>175 - 300 (Therapeutic concentration), >=300 (Toxic concentration) |      |         |       |   |               |

\* Performing Site:

|     |   |                                     |
|-----|---|-------------------------------------|
| NEL | Mayo Medical Laboratories New England<br>160 Dascomb Road Andover, MA 01810 | Lab Director: Lynn A. Cheryk, Ph.D. |
|-----|---|-------------------------------------|

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|--|---|-------------------------------|
| <b>Patient Name</b><br>SAMPLEREP,IMPR ABNORMAL | <b>Collection Date and Time</b><br>06/12/2012 08:23 | <b>Report Status</b><br>Final |
| Page 1 of 1                                    |   | ** End of Report **           |

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