

<b>Patient Name</b> TESTING,9789	<b>Patient ID</b>	<b>Age</b>	<b>Gender</b>	<b>Order #</b> W2934182
<b>Ordering Phys</b>		<b>DOB</b>		
<b>Client Order #</b> W2934182	<b>Account Information</b> C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901  (507)266-5730	<b>Report Notes</b>		
<b>Collected</b> 10/15/2009 06:00				
<b>Printed</b> 10/15/2009 12:20				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Perphenazine, S/P (Trilafon)</b> Perphenazine, S/P/B -- REFERENCE VALUE -- 5-30 0.5-2.5 (low-dose therapeutic range)  TEST PERFORMED BY MEDTOX LABORATORIES 402 W. COUNTY ROAD D ST. PAUL, MN 55112	L	0.2		REPORTED 10/15/2009 12:12 ng/mL	

<b>Patient Name</b> TESTING,9789	<b>Collection Date and Time</b> 10/15/2009 06:00	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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