

Laboratory Report

SPECIMEN INFORMATION DONOR INFORMATION **CLIENT INFORMATION**

Requisition #: Name: Accession #: Primary ID: Collected: Reason:

Received:

Collection Site: Reported:

Specimen ID:

Seals Intact: Yes Tests Ordered: 35182N (SAP 7-50 W/NIT)

Urine Specimen Validity Testing Acceptable Range 69.0 mg/dL 7.0 >/= 20 mg/dL 4.5-8.9 CREATININE pH OXIDIZING ADULTERANTS Negative

Initial MS Confirm Urine Substance Abuse Panel Test Level Test Level 1000 ng/mL 300 ng/mL 300 ng/mL 500 ng/mL 200 ng/mL 200 ng/mL **AMPHETAMINES** Negative BARBITURATES Negative **BENZODIAZEPINES** Negative 150 ng/mL 150 ng/mL 15 ng/mL 2000 ng/mL 25 ng/mL COCAINE METABOLITES 300 ng/mL 50 ng/mL 2000 ng/mL Negative MARIJUANA METABOLITES Negative **OPIATES** Negative 25 ng/mL **PHENCYCLIDINE** Negative

CERTIFYING TECHNICIAN/SCIENTIST:

SPECIMEN RECEIVED AND PROCESSED IN THE NORRISTOWN DHHS CERTIFIED LABORATORY.

LAB: Quest Diagnostics-Norristown

400 Egypt Rd Norristown PA 19403

>> END OF REPORT <<