

Laboratory Report

SPECIMEN INFORMATION DONOR INFORMATION CLIENT INFORMATION

Requisition #: Name:

Accession #: Primary ID:

Collected: Reason: Collection

Site: Reported:

Received:

Specimen ID:

Seals Intact: Yes Tests Ordered: 35190N (SAP 10-50/2000 W/NIT)

Urine Specimen Validity Testing Acceptable Range >/= 20 mg/dL 4.5-8.9 CREATININE

73.3 mg/dL 5.4 OXIDIZING ADULTERANTS Negative

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

CERTIFYING TECHNICIAN/SCIENTIST: KSDH10

SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.

LAB:

Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219

>> END OF REPORT <<