

Laboratory Report

DONOR INFORMATION SPECIMEN INFORMATION **CLIENT INFORMATION**

Requisition #: Name:

Accession #: Primary ID:

Collected: Reason:

Received: Collection

Site: Reported:

Specimen ID:

Seals Intact: Yes Tests Ordered: 35639N (SAP 10-50 W/OPI/NIT)

Urine Specimen Validity Testing Acceptable Range

CREATININE 45.6 mg/dL >/= 20 mg/dL5.3 4.5-8.9 OXIDIZING ADULTERANTS Negative

Urine Substance Abuse Panel Initial MS Confirm Test Level Test Level 1000 ng/mL 500 ng/mL **AMPHETAMINES** Negative **BARBITURATES** Negative 300 ng/mL 200 ng/mL BENZODIAZEPINES Negative 300 ng/mL 200 ng/mL 150 ng/mL 15 ng/mL COCAINE METABOLITES Negative 300 ng/mL MARIJUANA METABOLITES Negative 50 ng/mL **METHADONE** Negative 300 ng/mL 200 ng/mL 200 ng/mL 300 ng/mL 300 ng/mL **METHAQUALONE** Negative Negative 300 ng/mL **OPIATES** 100 ng/mL 25 ng/mL 100 ng/mL 25 ng/mL **OXYCODONES** Negative PHENCYCLIDINE Negative 300 ng/mL 200 ng/mL PROPOXYPHENE Negative

CERTIFYING TECHNICIAN/SCIENTIST:

SPECIMEN RECEIVED AND PROCESSED IN THE ATLANTA DHHS CERTIFIED LABORATORY

LAB: Quest Diagnostics-Atlanta

1777 Montreal Circle, Floor 2 Tucker GA 30084

>> END OF REPORT <<