

Laboratory Report

DONOR INFORMATION SPECIMEN INFORMATION **CLIENT INFORMATION** 

Requisition #: Name:

Accession #: Primary ID: REQUEST A TEST LTD

Collected: Reason: 7027 MILL RD STE 201

Received: Collection **BRECKSVILLE, OH 44141** 

Site: Reported:

Specimen ID:

Seals Intact: Yes Split Specimen Received: Y Tests Ordered: 35105N (SAP 5-50 W/NIT)

Urine Specimen Validity Testing Acceptable Range

118.5 mg/dL 7.2 CREATININE >/= 20 mg/dL4.5-8.9

PH OXIDIZING ADULTERANTS Negative

Urine Substance Abuse Panel Initial MS Confirm Test Level Test Level

1000 ng/mL AMPHETAMINE/METHAMPHETAMINE Negative 500 ng/mL 150 ng/mL 15 ng/mL 2000 ng/mL 300 ng/mL COCAINE METABOLITE (BZE) Negative 50 ng/mL 2000 ng/mL 25 ng/mL MARIJUANA METABOLITE (THCA) Negative CODEINE/MORPHINE Negative 25 ng/mL PHENCYCLIDINE Negative

CERTIFYING TECHNICIAN/SCIENTIST:

SPECIMEN RECEIVED AND PROCESSED IN THE NORRISTOWN DHHS CERTIFIED LABORATORY.

LAB: Quest Diagnostics Incorporated-Norrist

400 Egypt Rd Norristown PA 19403

>> END OF REPORT <<