DOB:

Patient Report

Ordering Physician:

Age:

Patient ID: Age:
Specimen ID: Sex:

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Ordered Items: Chain-of-Custody Protocol; PSC Specimen Collection; Benzodiazepine Confirm, QT, WB

Date Collected: Date Received: Date Reported: Fasting:

General Comments & Additional Information

Clinical Info:

Clinical Info:

Clinical Info:

Reason for testing:

Collectors Name:

Collectors Phone #:

MRO Name from CCF:

Chain-of-Custody Protocol

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Chain-of-Custody Protocol 9	Performed			

Benzodiazepine Confirm, QT, WB

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Benzodiazepine Screen @	Negative			
Diazepam ⁰²	Negative		ng/mL	
Desmethyldiazepam ⁰²	Negative		ng/ml	
Diazepam + Desmethyldiazepam 02	Negative		ng/mL	200-2500
Oxazepam ⁰²	Negative		ng/ml	200 - 500
Temazepam (Restoril) ¹	Negative		ng/ml	50-1000
Chlordiazepoxide 02	Negative		ng/ml	
Desmethylchlordiazepoxide (2	Negative	-	ng/ml	
Chlordiazepoxide + Desmethylc 02	Negative		ng/mL	400-3000
Alprazolam (Xanax) ®	Negative	Visite to amount of the	ng/ml	5-25

NOTE: SOME PATIENTS RESPOND WELL TO HIGH DOSE ALPRAZOLAM THERAPY WITH RESULTANT SERUM CONCENTRATIONS

25 - 55 ng/ml.

Triazolam (Halcion) 02	Negative	ng/ml	5.0-20,0
Lorazepam (Ativan) ¹²	<u>Negative</u>	ng/ml	50.0-240.0
Flurazepam 02	Negative	ng/ml	0-30
Desalkylflurazepam 02	Negative	ng/ml	30-150
Flurazepam			
+Desalkylflurazepam º²	Negative	ng/mL	30-180
Midazolam (Versed) 02	Negative	ng/ml	50-600
Clonazepam (Klonopin) 02	Negative	na/ml	20-70

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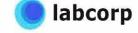
Date Issued

DOB:

Patient Report

Ordering Physician:

Age: Patient ID: Specimen D Sex:



Benzodiazepine Confirm, QT, WB (Cont.)

7-Aminoclonazepam ^Q	Negative	ng/mL
	Quantitative benzodiazepin	e analysis is performed
	by chromatography with mas	s spectrometry and includes:
	diazepam, desmethyldiazepai	m, oxazepam,temazepam,
	chlordiazepoxide, desmeth	ylchlordiazepoxide,
	alprazolam, triazolam, lora	azepam, flurazepam,
	desalkylflurazepam, midazo	lam, clonazepam,
	7-aminoclonazepam.	
	This test was developed an	d its performance characteristics
	determined by LabCorp. It	has not been cleared or approved
	by the Food and Drug Admi	nistration.
	REFERENCE RANGE: NOT ESTAB	BLISHED

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

A Out of reference range Critical or Alert

Performing Labs

Date of Birth:

Alternate Patient ID:

01: HD- LabCorp Houston 7207 North Gessner. Houston, TX, 77040-3143 Dir. Kyle Eskue, MD 02: MX - MedTox Laboratories Inc 402 W County Road D St Paul, MN, 55112-3522 Dir. Karla Walker, PhrmD For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 713-856-8288

Patient Details Physician Details Specimen Details Specimen ID:

Control ID:

Alternate Control Number: Phone:

Date Collected: Date Received: Date Entered:

Age Phone: Sex: Account Number: Date Reported: Patient ID: Physician ID: Rte:

NPI:

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