

Laboratory Report**SPECIMEN INFORMATION**

Requisition #:

Accession #:

Collected:

Received:

Reported:

Specimen ID:

DONOR INFORMATION

Name:

Primary ID:

Reason:

Collection
Site:**CLIENT INFORMATION**

REQUEST A TEST LTD

7027 MILL RD STE 201

BRECKSVILLE, OH 44141

Seals Intact: Yes

Tests Ordered: 35695N (SAP 5-50 + ALC W/NIT)

Urine Specimen Validity Testing

Acceptable Range

CREATININE	245.1 mg/dL	>= 20 mg/dL
pH	6.2	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Urine Substance Abuse Panel

	Initial Test Level	MS Confirm Test Level
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AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
ALCOHOL, ETHYL (U)	Negative		.04 * (1)

* (1) Test confirmed by GC

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 <<