

Laboratory Report

SPECIMEN INFORMATION

Requisition #:
 Collected:
 Received:
 Reported:
 Specimen ID:

DONOR INFORMATION

Name:
 Primary ID:
 Reason:
 Collection Site:

CLIENT INFORMATION

Seals Intact: Yes
 Tests Ordered: 19023N (SAP 9-50/300 EX OP/N)

Urine Specimen Validity Testing		Acceptable Range
CREATININE	80.9 mg/dL	>= 20 mg/dL
PH	6.5	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

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

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 <<