PATIENT REPORT

500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787

Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: 53 years Female

Specimen Collected: 16-Mar-23 14:19							
Targeted drug prof, Mass Spec/EMIT, UR	Received:	16-Mar-23	14:19	Report/Verified: 16-Mar-23 14:20			
Procedure	Result		Units	Reference Interval			
Creatinine, Urine	150.0		mg/dL	[20.0-400.0]			
Targeted drug profile panel	See Bel	OW ⁱ¹					
EER Tgt drug prof, MS/EMIT, UR	EERUnav	ailable					
Targeted drug prof, Mass	Received:	16-Mar-23	14:19	Report/Verified: 16-Mar-23 14:22			
Spec/EMIT, UR				<u>-</u> ,			
Procedure	Result		Units	Reference Interval			
Barbiturates (cutoff 200 ng/mL)	Not Det	ected					
Benzoylecgonine (cutoff 150 ng/mL)	Not Det	ected					
Carisoprodol (cut-off 100 ng/mI	」) Not Det	ected					
Ethyl Glucuronide (cutoff 500	Not Det						
ng/mL)							
Marijuana Metabolite (cutoff 50	Present						
ng/mL)							
Methadone (cutoff 150 ng/mL)	Not Det	ected					
PCP (cutoff 25 ng/mL)	Not Det	ected					
Tramadol (cutoff 100 ng/mL)	Not Det	ected					
6-acetylmorphine (cutoff 20 ng/	Not Det	ected					
mL)							
7-Aminoclonazepam (cutoff 40 no	g/Not Det	ected					
mL)							
Alpha-OH-Alprazolam (cutoff 20	Not Det	ected					
ng/mL)							
Alpha-OH-Midazolam (cutoff 20	Not Det	ected					
ng/mL)							
Alprazolam (cutoff 40 ng/mL)	Not Det	ected					
Amphetamine (cutoff 50 ng/mL)	Not Det	ected					
Buprenorphine (cutoff 5 ng/mL)	Not Det	ected					
Clonazepam (cutoff 20 ng/mL)	Not Det	ected					
Codeine (cutoff 40 ng/mL)	Not Det	ected					
Diazepam (cutoff 50 ng/mL)	Not Det	ected					
Fentanyl (cutoff 2 ng/mL)	Not Det	ected					
Gabapentin (cutoff 3,000 ng/mL)	Not Det	ected					
Hydrocodone (cutoff 40 ng/mL)	Not Det	ected					
Hydromorphone (cutoff 20 ng/mL)	Not Det	ected					
Lorazepam (cutoff 60 ng/mL)	Not Det	ected					
MDA (cutoff 200 ng/mL)	Not Det	ected					
MDEA-Eve (cutoff 200 ng/mL)	Not Det	ected					
MDMA-Ecstasy (cutoff 200 ng/mL)	Not Det	ected					
Meperidine metabolite (cutoff 5	0 Not Det	ected					
ng/mL)							

Unless otherwise indicated, testing performed at:

ARUP Laboratories

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

ARUP Accession: 23-075-900123 **Report Request ID:** 17728865

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 $^{^{*}\}hbox{-}Abnormal,\ \#-Corrected,\ C-Critical,\ f-Result\ Footnote,\ H-High,\ i-Test\ Information,\ L-Low,\ t-Interpretive\ Text,\ @-Performing\ label{eq:label}$

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	Received: 16-Mar-23	L4:19	Report/Verified: 16-Mar-23 14:22
Spec/EMIT, UR	D	! I	D. C
Procedure	Result	Units	Reference Interval
Methamphetamine (cutoff 200 ng/	Not Detected		
mL)	_		
Methylphenidate (cutoff 100 ng/	Not Detected		
mL)			
Midazolam (cutoff 20 ng/mL)	Not Detected		
Morphine (cutoff 20 ng/mL)	Not Detected		
Naloxone (cutoff 100 ng/mL)	Not Detected		
Norbuprenorphine (cutoff 20 ng/	Not Detected		
mL)			
Nordiazepam (cutoff 50 ng/mL)	Not Detected		
Norfentanyl (cutoff 2 ng/mL)	Not Detected		
Norhydrocodone (cutoff 100 ng/	Not Detected		
mL)			
Noroxycodone (cutoff 100 ng/mL)	Not Detected		
Noroxymorphone (cutoff 100 ng/	Not Detected		
mL)			
Oxazepam (cutoff 50 ng/mL)	Not Detected		
Oxycodone (cutoff 40 ng/mL)	Not Detected		
Oxymorphone (cutoff 40 ng/mL)	Not Detected		
Phentermine (cutoff 100 ng/mL)	Not Detected		
Pregabalin (cutoff 3,000 ng/mL)	Not Detected		
Tapentadol (cutoff 100 ng/mL)	Not Detected		
Tapentadol-o-Sulf (cutoff 200	Not Detected		
ng/mL)	1,00 2000000		
Temazepam (cutoff 50 ng/mL)	Not Detected		
Zolpidem (cutoff 20 ng/mL)	Not Detected		
Zolpidem Metabolite (cutoff 100			
ng/mL)			
9,,			

Test Information

i1: Targeted drug profile panel

Methodology: Qualitative Enzyme Immunoassay and Qualitative Liquid Chromatography-Tandem Mass Spectrometry, Quantitative Spectrophotometry

The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration must be greater than or equal to the cutoff to be reported as present. If specific drug concentrations are required, contact the laboratory within two weeks of specimen collection to request quantification by a second analytical technique. Interpretive questions should be directed to the laboratory.

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

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Results based on immunoassay detection that do not match clinical expectations should be

interpreted with caution. Confirmatory testing by mass spectrometry for immunoassay-based results is available, if ordered within two weeks of specimen collection. Additional charges apply.

For medical purposes only; not valid for forensic use.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

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