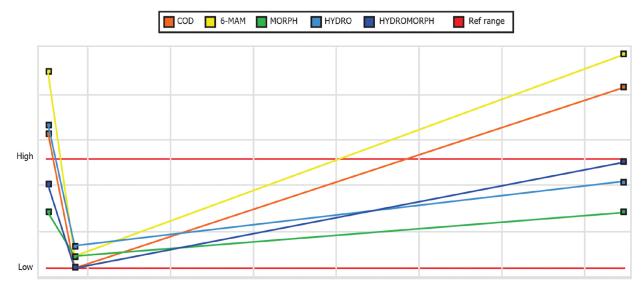


TOXICOLOGY REPORT EXAMPLES



Harvest LIS Toxicology Report Examples

ORCHARD TOXICOLOGY LABORATORIES			01	ENT RESU 23456-78 ent, John	3		701 Congressional Blvd., Suite 360 Carmel, IN 46032 Phone: (800) 571-1948 Fax: (317) 573-263 CLIA ID: 0000-ABC-1234
Client: Orchard Office Provider: Orchard Orchard Phone: (800) 571-5835 Fax: (317) 573-2633			Patient Name: Date of Birth: Patient ID: Sample ID:				Requisition #: 1234-56 Collected: 3/24/2015 Received: 3/24/2015 Approval Date: 3/24/2015
Confirmed Analytes CLON, MORPH, TEMAZ	COD						<u>bed Medication(s)</u> (Morphine),Lortab/Norco (Hydrocodone)
			Summary Of All L	aboratory Tes	ting		
Analyte(s)	Physician POCT	Lab EIA	LC/MS/MS Result	Level (ng/mL)	Cutof (ng/m		Comments
Opiates Codeine 6-MAM Morphine Hydrocodone Hydromorphone	Inconsistent Inconsistent	Pos Neg Pos Neg Neg	Confirmed Confirmed Negative Negative Negative	82 97 <50 <50 <50	50 ng/r 50 ng/r 50 ng/r 50 ng/r 50 ng/r	mL mL mL	Significant historical finding of multiple mutations on CYP450 3A4/3A5 and designated as having poor metabolism of opiate medications.



10/17/2013	11/01/2013	11/16/2013	12/01/2013	12/16/2013	12/31/2013	01/15/2014	03/24/2014

Benzodiazepines					
Clonazepam	N/A	Confirmed	25	20 ng/mL	
Alprazolam	N/A	Negative	<50	50 ng/mL	
Lorazepam	N/A	Negative	<20	20 ng/mL	
Nordiazepam	N/A	Negative	<20	20 ng/mL	
Oxazepam	N/A	Negative	<15	15 ng/mL	
Temazepam	N/A	Confirmed	69	20 ng/mL	

ORCHARD TOXICOLOGY LABORATORIES			01	NT RESU 23456-78 ent, John	3		701 Congressional Blvd., Suite 360 Carmel, IN 46032 Phone: (800) 571-1948 Fax: (317) 573-263 CLIA ID: 0000-ABC-1234
Client: Orchard Office Provide: Orchard Orchard Phone: (800) 571-5835 Fax: (317) 573-2633			Patient ID:	Patient, John 2/28/1990 000-2345-12 0123456-78	A.		Requisition #: 1234-56 Collected: 3/24/2015 Received: 3/24/2015 Approval Date: 3/24/2015
Confirmed Analytes CLON, MORPH, TEMAZ	COD						i <u>bed Medication(s)</u> 1 (Morphine),Lortab/Norco (Hydrocodone)
			Summary Of All L	aboratory Tes	ting		
Analyte(s)	Physician	Lab	LC/MS/MS	Level	Cut		Comments
	POCT	EIA	Result	(ng/mL)	ing/	mL)	connents
					(116/		
Opiates Codeine 6-MAM Morphine Hydrocodone Hydromorphone	Inconsistent Inconsistent	Pos Neg Pos Neg Neg	Confirmed Negative CONFIRMED Negative Negative	61 <50 97 <50 <50	50 ng 50 ng 50 ng 50 ng 50 ng	g/mL g/mL g/mL	Significant historical finding of multiple mutations on CYP450 3A4/3A5 and designated as having poor metabolism of opiate medications.



LABORATORY REPORT

LOCATION DETAILS

Name:	Orchard Office	Nat
Account:		DC
Address:	701 Congressional Blvd.	Ger
	Suite 360	ID:
Fax:	(317) 573-2633	
Provider:	Orchy Orchardson	

PATIENT DETAILS Patient, John A. ame: OB: 5/23/1981 ender: Μ): 1

SPECIMEN DETAILS

Requisition Number: Lab Accession Number: 1047 Date Collected: 1/30/2014 Date Received by Lab: Date Reported:

1/30/2014 2:38 PM 00/00/00

Analyte Tested	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Medication Comparison	Previous Result (T-1)	Detection Window		
Benzodiazepines								
Clonazepam	Negative	0	<20					
Alprazolam	Negative	0	<50					
Lorazepam	Negative	0	<10					
Nordiazepam	Negative	0	>20					
Oxazepam	Negative	0	<15					
Temazepam	Negative	0	<20					
Opiates								
Codeine	Confirmed	82	50		Negative			
6-MAM	Confirmed	97	50	Inconsistent	5.00	This is a test comment.		
Morphine	Negative	<50	50		Negative			
Hydrocodone	Negative	<50	50		Negative			
Hydromorphone	Negative	48	50	Inconsistent	Negative			
RESULTS EXPLANATION	This is an order choice comment. This section will continue throughout the length of the order choice section. It will extend the order choice section beyond the last test in the order choice if there is not enough room. Otherwise, the order choice section will end after the last test in the order choice.							

Patient name: Patient, John A.



Name:

Fax:

Account:

Address:

LABORATORY REPORT

LOCATION DETAILS **Orchard Office**

Suite 360

Provider: Orchy Orchardson

(317) 573-2633

701 Congressional Blvd.

PATIENT DETAILS Name: Patient, Jane A. DOB: 4/4/1984 Gender: F D444444

ID:

SPECIMEN DETAILS

Requisition Number: Lab Accession Number: 1060 Date Collected: 5/12/2014 Date Received by Lab: Date Reported: 00/00/00

5/12/2014 1:45 PM

CONSISTENT POSITIVE RESULTS - Suggests that the patient has been taking medication as prescribed							
PRESCRIBED MEDICATION	EXPECTED METABOLITE	LEVEL	DETECTION WINDOW	COMMENTS			
Duragesic	Fentanyl (MS)	115 ng/mL	24 hours (single intravenous dose). Higher doses & certain pathologies may etend the detection window.	The specimen tested positive for Fentanyl, Norfentanyl, which is consistent with patient having taken DURAGESIC.			
	Norfentanyl (MS)	94 ng/mL	72 hours (single intravenous dose). Higher doses & certain pathologies may etend the detection window.				

INCONSISTENT NEGATIVE RESULTS - Suggests that the patient has not been taking prescribed medications							
PRESCRIBED MEDICATION	EXPECTED METABOLITE	DETECTION WINDOW	COMMENTS				
Xanax			The specimen tested negative for Alprazolam, which suggests the patient is not currently taking XANAX (within the detection window)				

INCONSISTENT POSITIVE RESULTS - Suggests the patient may be taking illicit or unprescribed substances							
DETECTED SUBSTANCE	LEVEL	DETECTION WINDOW	COMMENTS				
Noroxycodone	147 ng/mL	Typically follow oxycodone concentrations					
Oxycodone	184 ng/mL	1 - 2 days (immediate release); 2 - 4 days (extended release)					
Oxymorphone	119 ng/mL	2 - 3 days (immediate release); 2 - 4 days (extended release)					

SPECIMEN VALIDITY - Tests to determine is the sample has been altered or results obfuscated							
TEST	RESULT	LEVEL	REFERENCE RANGE	UNITS	COMMENTS		
Urine Creatinine	Normal	25	>20	mg/dL			
Oxidants	Normal	178	>200	ug/mL			
Urine pH	Normal	8.1	4.5-9.5				
Urine Sp. Gravity	Normal	1.039	1.003-1.040				

This text is part of the footer. In addition to the end of report text, you can attach text to the footer displayed at the bottom of every page. The footer can be as long or as short as you need it to be, and can contain various demographic information about the order as well as block text. Orchard Software Co. 701 Congressional Blvd, Carmel, IN 46032 FAX 317.273.5733 Lab Director: Orchy McOrchardson, PhD



700 Congressional Blvd. Suite 360 Carmel, IN 46032 Orchard Office 701 Congressional Blvd. Suite 360

Orchy Orchardson

Tox Number: 0003 Reported Date: 11/7/2013 Specimen ID: 1043

Collected Date: 11/6/2013 Analysis Requested: InconRes, ConRes,

DRUG	LEVEL*	NT RESULTS for urin	TATION AND MEDICATION INFORMATION	
DRUG	LEVEL.	INTERFRE	TATION AND MEDICATION INFORMATION	
Hydromorphone	<20	Quantity	is less than expected based on dosage regimen.	
	CONSISTE	NT RESULTS for urin		
DRUG	LEVEL*	INTERPRE	TATION AND MEDICATION INFORMATION	
Hydrocodone	397	Result is expected based on prescription information.		
Dihydrocodeine	210	Result is expected based on parent drug information.		
	VALIDI	TY TESTING for uri	ne collected 11/6/2013	
PECIMEN VALIDITY	RESULT	NORMAL RANGE	INTERPRETATION	
Urine Creatinine	41	>20		
Urine pH	6.9	3.0-11.0		
Urine Sp. Gravity	1.020	1.003-1.035		

Certifying Scientist: Orchy C. Orchardson * All levels have been normalized to creatinine (ng/mg) For more information, call (800) 571-5835.

HISTORICAL RESULTS for urine collected							
DRUG	LEVEL*	RESULT	INTERPRETATION				
Hydrocodone	Negative						
Hydromorphone	Negative						
Dihydrocodeine	Negative						
Pregabalin	Negative						



Harvest the Power

Sample reports generated from Orchard Software test database.

Note that these are sample reports generated with tools available in Orchard Software's laboratory solutions. Specific report formatting assistance from Orchard Software may require a professional services agreement.

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