

Patient Name

Healthy Ways Clinic

105 Central Avenue

Suite 12B

Rochester, NH 03855 Phone: 603-335-1234

TEST, PATIENT					
Sex	Accession Number	Age	Requesting Physician:	Harris-Te	st, Haroldine
MALE	T0000258	42	Copy To:	Seacoast	Health & Wellness
Patient Phone	PID	DOB	Copy To:		-
(123) 555-1212 Specimen Type: U	MED REC	08/15/1966	Collecti	ion Date:	09/02/2018 09/03/2018 12:05
				Status:	FINAL

Comments: Methadone Treatment Protocol

TEST	RESU	LTS	REPEAT ANALYSIS	CUT-OFF
rine 7 Panel w/Confirmatio	<u>n</u>			
Opiates Cocaine, Met THC	NEGATIVE NEGATIVE	POSITIVE	POSITIVE	10 ng/mL 10 ng/mL 50 ng/mI
Previous Result (08/12/20 Previous Result (07/14/20	,			
QTHC, Normalized Benzodiazepines Methadone Methamphetamine	NEGATIVE POSITIVE NEGATIVE	1285		1 ng/mL 5 ng/mL 40 ng/mL
Barbiturates		POSITIVE	POSITIVE 755	20 ng/mL
nless otherwise noted, testing performed at: eacoast Clinical Laboratory, 195 New Hampsh	ire Ave., Portsmouth N	H, CLIA 1DO123587	EZ	
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