

Client: Example Client ABC123 123 Test Drive Salt Lake City, UT 84108 UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB 6/27/1993 Female Gender:

Patient Identifiers: 01234567890ABCD, 012345

Visit Number (FIN): 01234567890ABCD **Collection Date:** 00/00/0000 00:00

Methadone and Metabolite, Serum or Plasma, Quantitative

ARUP test code 0090699

Methadone, S/P, Quant

1093 ng/mL

INTERPRETIVE INFORMATION: Methadone and Metabolite,

Serum or Plasma, Quantitative

Methodology: Quantitative Liquid Chromatography-Tandem Mass

Spectrometry

Positive cutoff: 10 ng/mL

For medical purposes only; not valid for forensic use.

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, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should

be directed to the laboratory.

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.

EDDP, S/P, Quant

190 ng/mL

H=High, L=Low, *=Abnormal, C=Critical

4848



VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Methadone, S/P, Quant	24-032-111090	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EDDP, S/P, Quant	24-032-111090	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

Patient: Patient, Example ARUP Accession: 24-032-111090 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 2 of 2 | Printed: 2/8/2024 2:01:44 PM

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