

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/1/1960  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Oxycodone/Oxymorphone, Urine Screen with Reflex to Quantitation**

ARUP test code 2005100

Oxycodone/Oxymorphone, Urn, Screen      Negative ng/mL      (Ref Interval: Cutoff 100)

Screen, Urine Interpretation

See Note

INTERPRETIVE INFORMATION:

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 at which the screening test can detect a drug or metabolite varies. Specimens for which drugs or drug classes are detected by the screen are reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS). 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.

For medical purposes only; not valid for forensic use.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Oxycodone/Oxymorphone, Urn, Screen	23-342-140376	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Screen, Urine Interpretation	23-342-140376	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**

Unless otherwise indicated, testing performed at: