

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 9/17/1964
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Hypoglycemia Panel (Sulfonylureas), Serum or Plasma

ARUP test code 3005636

Rosiglitazone 100 ng/mL
Serum or Plasma
Reporting Limit: 40 ng/mL

Synonym(s): Avandia(R); Avandaryl(R); Avandamet(R)
Peak plasma concentrations of approximately 70-430 ng/mL and 240-830 ng/mL were achieved 1 hour after administration of 4 mg and 8 mg daily doses, respectively.
Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)

Chlorpropamide 0.20 mcg/mL
Serum or Plasma
Reporting Limit: 0.10 mcg/mL

Synonym(s): Diabinese(R)
Peak plasma concentrations of approximately 75-360 mcg/mL were achieved 2 hours following chronic daily doses of 250-1000 mg. The blood to plasma ratio of Chlorpropamide is not known.
Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)

Glimepiride 800 ng/mL
Serum or Plasma
Reporting Limit: 25 ng/mL

Synonym(s): Duetact(R); Avandaryl(R); Amaryl(R)
Peak plasma concentrations of approximately 60-340 ng/mL were achieved 2-3 hours after administration of 4 mg of glimepiride. The blood to plasma ratio of Glimepiride is not known.
Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)

Glipizide 500 ng/mL

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

Serum or Plasma
Reporting Limit: 40 ng/mL

Synonym(s): Glynase; Glucotrol(R); Glibenese
Peak plasma concentrations of approximately 310-610 ng/mL were achieved after administration of a single 5 mg dose of both immediate and extended release formulations. Maximum concentrations were reached in approximately 1.5-4.5 and 3.5-7 hours after immediate and extended release dosing, respectively.
The blood to plasma ratio of Glipizide is not known.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)

Pioglitazone

600 ng/mL
Serum or Plasma
Reporting Limit: 40 ng/mL

Synonym(s): Duetact(R); ActoPlus Met(R); Actos(R); Oseni(R)
Peak plasma concentrations of approximately 530-2600 ng/mL were achieved 1-4 hour after administration of 45 mg of pioglitazone.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)

Glyburide

700 ng/mL
Serum or Plasma
Reporting Limit: 40 ng/mL

Synonym(s): PresTab(R); Micronase(R); Glibenclamide; Glynase(R)
Peak plasma concentrations of approximately 130-200 ng/mL following a single 5 mg dose have been reported. A group of ten diabetic patients given daily oral 2.5 mg doses for 6 weeks attained peak plasma glyburide concentrations averaging 140 ng/mL at 3 hours after the first dose and 240 ng/mL at 2.4 hours after the last dose.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)

Nateglinide

0.90 mcg/mL
Serum or Plasma
Reporting Limit: 0.10 mcg/mL

Synonym(s): Starlix(R)
Peak plasma concentrations of approximately 1.3-7.5 mcg/mL were achieved 0.5 hours following a single 60 mg dose.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)

Tolazamide

0.40 mcg/mL

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

Serum or Plasma
Reporting Limit: 0.10 mcg/mL

Synonym(s): Tolinase(R)
No plasma concentrations have been reported in the literature
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)

Tolbutamide

0.30 mcg/mL
Serum or Plasma
Reporting Limit: 0.10 mcg/mL

Synonym(s): Orinase(R)
Peak plasma concentrations of approximately 50-100 mcg/mL were achieved 35 hours following chronic daily doses.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)

Repaglinide

1000 ng/mL
Serum or Plasma
Reporting Limit: 10 ng/mL

Synonym(s): Prandin(R); PrandiMet(R)
Peak plasma concentrations of approximately <10-180 ng/mL were achieved 1 hour after administration of 4 mg of repaglinide.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)
This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.
Testing performed at NMS Labs, Inc.
200 Welsh Road
Horsham, PA 19044-2208
CLIA 39D0197898

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Rosiglitazone	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Chlorpropamide	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Glimepiride	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Glipizide	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Pioglitazone	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Glyburide	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nateglinide	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Tolazamide	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Tolbutamide	22-188-100630	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Repaglinide	22-188-100630	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:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 22-188-100630
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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