

Forensic Fluids Laboratories

Oral Fluid Drug Testing
225 Parsons Street Kalamazoo, MI, 49007
(866)492-2517 ph (269)492-7704 fax

Report To Kalamazoo Anesthesiology, P.C.
7920 Kirkland Ct.
Portage, MI 49024

Report Date 6/27/2014 14:31

Collector

Collected 6/20/2014 00:00

Pain Management - Oral Fluid

Specimen ID: S0794641

Donor Name/ID: William H Schuring

D.O.B.: 3/17/1957

Lab ID: 752371

Received: 6/27/2014 09:08

Referring Physician: Dr. Michael Chafty

Medications: Advair*, Coumadin *, Doxepin *, Flonase*, Lopressor *, Mobic *, Paxil, Provigil *, Simvastatin *, Testosterone *, Zestoretic *, Fentanyl patch

Panels:	Result	Quantitation	Screen Cutoff	Confirm Cutoff
AMPHETAMINE	Negative		20 ng/mL	
METHAMPHETAMINE	POSITIVE		20 ng/mL	
Methamphetamine	POSITIVE	33 ng/mL		1 ng/mL
THC	Negative		1 ng/mL	
COCAINE	Negative		5 ng/mL	
OPIATES	Negative		10 ng/mL	
6-Acetylmorphine (6MAM)	Negative			1 ng/mL
Codeine	Negative			1 ng/mL
Hydrocodone	Negative			1 ng/mL
Hydromorphone	Negative			1 ng/mL
Morphine	Negative			1 ng/mL
METHADONE	Negative		5 ng/mL	
Methadone	Negative			1 ng/mL
EDDP	Negative			1 ng/mL
OXYCODONE	Negative		50 ng/mL	
Oxycodone	Negative			1 ng/mL
Oxymorphone	Negative			1 ng/mL
FENTANYL	POSITIVE		5 ng/mL	
Fentanyl	POSITIVE	1.6 ng/mL		0.5 ng/mL
Norfentanyl	Negative			0.5 ng/mL
SOMA	Negative		100 ng/mL	
Carisoprodol (Soma)	Negative			1 ng/mL
Meprobamate	Negative			1 ng/mL
TRAMADOL	Negative		10 ng/mL	
Tramadol (Ultram)	Negative			1 ng/mL

FINAL

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Others:	Result	Quantitation	Confirm Cutoff
Acetaminophen	Negative		2000 ng/mL
Paroxetine (Paxil)	POSITIVE	3.4 ng/mL	1 ng/mL

Sample Comments

*FFL does not test for this drug.

Time of Last Dose: [Fentanyl patch - currently on]

Amphetamine present below reporting cutoff level.

Approved By:

X	Bridget Lorenz Lemberg	Lab Director/Toxicologist
	Piyadarsha Amaratunga, PhD	Certifying Scientist, R&D
	Jessica Adamczyk	Certifying Scientist
	Brian Higgins	Certifying Scientist
	Donna Coy, PhD	Certifying Scientist
	John Epstein, MD	MRO

CLIA # 23D1045429

Confirmed by LC/MS/MS.

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