

MILLENNIUMUDTSM

RADAR® Report

Consistency and Validity Results

Specimen ID: MH00473971

Accession ID: AC5875338

Original Report (Final) 11/04/2023 Original (Final) RADAR® Hotline 866.866.0605

Patient Name: MOYER, ROBERT

Patient SSN:

Patient DOB: 01/05/1967

Requesting Provider: Kaelyn Hewson NPI: 1891209599

Requesting Practice: New Life Recovery Solutions

Specimen Outcome: LC-MS/MS POSITIVE

Specimen Validity Outcome: NORMAL

Specimen Type: Urine

Collected: 11/01/23 07:00 PM Received: 11/03/23 08:40 AM PT

Tested: 11/03/23 Completed: 11/04/23

CONSISTENT RESULTS - REPORTED MEDICATION DETECTED (PARENT DRUG AND/OR METABOLITE)						
REPORTED MEDICATION ANTICIPATED POSITIVE(S) TEST OUTCOME (ng/mL) DETECTION WINDOW COMMENTS						
NONE REPORTED						

INCONSISTENT RESULTS - REPORTED MEDICATION NOT DETECTED (NEITHER PARENT DRUG NOR METABOLITE)							
REPORTED MEDICATION ANTICIPATED TEST OUTCOME DETECTION WINDOW ¹ COMMENTS							
NONE REPORTED							

INCONSISTENT RESULTS ² - ANALYTE DETECTED BUT NO CORRESPONDING MEDICATION REPORTED									
DETECTED ANALYTE	TEST OUTCOME	TEST RESULT (ng/mL)	DETECTION WINDOW ¹	COMMENTS					
cTHC (Marijuana metabolite)	POSITIVE		use (4 times/wk): 5-7 days; Heavy use: 10-15 days; Chronic use: 19-40 days; Oral ingestion: 1-5 days	cTHC was detected and is found in marijuana. Marijuana is a DEA Schedule I controlled substance with very limited pharmaceutical application. Historical cTHC creatinine-corrected levels may be useful when monitoring for abstinence from marijuana. Consider contacting a toxicologist for assistance with interpretation of historical levels.					

⁽¹⁾ The following may affect detection window: elimination half-life of the analyte, administered dose, acute versus chronic drug use, drug interactions, sensitivity of the detection method, cutoff levels and physiological differences between patients. (2) If prescribed medications are not reported to Millennium Health on the test requisition form, any positive results will appear in the inconsistent results section. Please call the RADAR® Hotline if you would like to amend a report to include prescribed medications not reported.

SPECIMEN VALIDITY RESULTS								
TEST (MEASUREMENT UNIT)	TEST OUTCOME	MEASURED RESULT	REFERENCE RANGE					
CREATININE (mg/dL)	Normal	48.2	>20 mg/dL					
OXIDANT (ug/mL)	Normal	0	<200 ug/mL					
pН	Normal	6.2	4.5 - 9.5					
SPECIFIC GRAVITY (NONE)	Normal	1.005	1.003 - 1.035					

OTHER REPORTED PRESCRIBED MEDICATIONS (NOT TESTED BY LC-MS/MS OR NOT QUANTIFIED) NONE

The consistency section provides interpretive assistance based on available data, but may not cover all drug use scenarios or clinical circumstances. In making treatment decisions, it should be used in the context of a clinical evaluation. Consultation is available through RADAR® Hotline. The medication information reported here and on the requisition form has been provided by the requesting provider and has not been verified by Millennium Health. The consistency section utilizes LC-MS/MS test results and does not include results for EIA, ELISA or Chemical assays.

Millennium Health, LLC

16981 Via Tazon, Bldg 1, San Diego, CA 92127 - FAX 858.451.3636

Lab Director UDT: Miriam J. Bloch, MD, CLIA ID# 05D1078705

Patient Name: MOYER, ROBERT Specimen ID: MH00473971 Page 1 of 5



MILLENNIUMUDT

RADAR® Report

Historical Results

RADAR® Hotline 866.866.0605

HISTORICAL RESULTS - TESTING HISTORY ¹							
Specimen ID	N/A	N/A	N/A	N/A	X22352142	MH00473971	
Collection Date	N/A	N/A	N/A	N/A	10/11/2023	11/1/2023	
Test Date	N/A	N/A	N/A	N/A	10/13/2023	11/3/2023	
Analyte ²							
cTHC (Marijuana metabolite) 71							

⁽¹⁾ Table Definitions: Negative- test was ordered, and was found negative (below the cut-off) Not Ordered- test was not ordered on the test date displayed; N/A- Creatinine was not ordered on the specimen validity test; Specimen validity abnormal- creatinine was abnormal on specimen validity test (2) Expressed as the creatinine-corrected concentrations (ng drug/mg creatinine).

Patient Name: MOYER, ROBERT Specimen ID: MH00473971



MILLENNIUMUDTSM

RADAR® Report

LC-MS/MS Tabulated Results

RADAR® Hotline 866.866.0605

TEST	TEST METHOD	TEST OUTCOME	MEASURED RESULTS (ng/mL)	CREATININE NORMALIZED RESULTS (ng/mg)	CUTOFF (ng/mL)
NATURAL AND SE	EMI-SYN	THETIC	OPIOIDS		
Oxycodone	LC-MS/MS	Negative		-	50
Noroxycodone	LC-MS/MS	Negative		-	50
Oxymorphone	LC-MS/MS	Negative		-	50
SYNTHETIC OPIO	IDS				
Fentanyl	LC-MS/MS	Negative		-	1
Norfentanyl	LC-MS/MS	Negative		-	8
Methadone	LC-MS/MS	Negative		-	100
EDDP (Methadone metabolite)	LC-MS/MS	Negative		-	100
Tramadol	LC-MS/MS	Negative		-	100
O-desmethyl-tramadol	LC-MS/MS	Negative		-	100
N-desmethyl-tramadol	LC-MS/MS	Negative		-	100
Tapentadol	LC-MS/MS	Negative		-	50
STIMULANTS					
Amphetamine	LC-MS/MS	Negative		-	100
Methylphenidate	LC-MS/MS	Negative		-	50
Ritalinic Acid	LC-MS/MS	Negative		-	50
OTHER					
Phentermine	LC-MS/MS	Negative		-	50
ILLICITS					
Methamphetamine	LC-MS/MS	Negative		-	100
Cocaine metabolite	LC-MS/MS	Negative		-	50
cTHC (Marijuana metabolite)	LC-MS/MS	POSITIVE	97	202	15
MDMA	LC-MS/MS	Negative		-	100
6-MAM (Heroin metabolite)	LC-MS/MS	Negative		ı	10
Phencyclidine	LC-MS/MS	Negative		1	10
FENTANYL ANAL	OGUES				
4-ANPP	LC-MS/MS	Fen Neg 1		-	2
Acetyl fentanyl	LC-MS/MS	Fen Neg ¹		-	2
Acetyl norfentanyl	LC-MS/MS	Fen Neg 1		-	5
Acryl fentanyl	LC-MS/MS	Fen Neg ¹		-	1
Carfentanil	LC-MS/MS	Fen Neg ¹		-	2
Para-fluorofentanyl	LC-MS/MS	Fen Neg ¹		-	1
ILLICITS - SYNTHI	ETIC OP	OIDS			
2-methyl AP-237	LC-MS/MS	Negative		-	10
Brorphine	LC-MS/MS	Negative		-	15
Metonitazene	LC-MS/MS			-	5
ILLICITS - BENZO	DIAZEPI	NES			
8-aminoclonazolam	LC-MS/MS	Negative		=	10
Etizolam	LC-MS/MS	Negative		-	10
Alpha-hydroxyetizolam	LC-MS/MS	Negative		-	10
Flualprazolam	LC-MS/MS	Negative		-	10
Flubromazolam	LC-MS/MS	Negative		-	10
RECREATIONAL S	SUBSTA	NCES			
Ethyl Glucuronide	LC-MS/MS	Negative			500
Ethyl Sulfate	LC-MS/MS	Negative		-	5 00
(1) When a test for fentanyl and	analogues is o	rdered, a LC-N	IS/MS test is initia	Ilv performed for fer	ntanyl and

⁽¹⁾ When a test for fentanyl and analogues is ordered, a LC-MS/MS test is initially performed for fentanyl and norfentanyl. If both are negative, the analogues will not be tested; in this case, fentanyl and norfentanyl were both negative and the test for analogues was not performed.

Original Report (Final)

Specimen Outcome: LC-MS/MS POSITIVE

Validity Outcome: NORMAL
Specimen Type: Urine
Specimen ID: MH00473971
Accession ID: AC5875338

Patient Name: MOYER, ROBERT

Patient SSN: DOB: 01/05/1967

Requesting Provider: Kaelyn Hewson NPI: 1891209599

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SPECIMEN VALIDITY RESULTS							
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рН	Normal	6.2	4.5 - 9.5				
SPECIFIC GRAVITY (NONE)	Normal	1.005	1.003 - 1.035				

THE FOLLOWING MEDICATIONS WERE REPORTED ON THE REQUISITION FORM² NONE

Specimen History

Collected: 11/01/23 07:00 PM Received: 11/03/23 08:40 AM PT

Tested: 11/03/23 Completed: 11/04/23

Report History

11/04/2023 Original (Final)

COMMENTS

Millennium Health, LLC

Patient Name: MOYER, ROBERT

16981 Via Tazon, Bldg 1, San Diego, CA 92127 - FAX 858.451.3636

Specimen ID: MH00473971

Lab Director UDT: Miriam J. Bloch, MD, CLIA ID# 05D1078705

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⁽²⁾ The medications reported here and on the test requisition form have not been verified by Millennium Health.



MILLENNIUMUDT RADAR® Report LC-MS/MS Tabulated Results

RADAR® Hotline 866.866.0605

MILLENNIUM UDT RADAR NOTES

ALL TESTING IS PERFORMED BY MILLENNIUM HEALTH, LLC ("Millennium Health"). This test was developed and its performance characteristics determined by Millennium Health. It has not been cleared or approved by the US Food and Drug Administration (FDA). The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. The test results should be used with other clinical and diagnostic findings for patient case management. Millennium Health is accredited by the College of American Pathologists (CAP) and maintains certification in accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA). The information provided in this report is not intended to indicate a patient's adherence to a prescribed medication dosage. All tests results should be evaluated utilizing professional judgement in the clinical context of the patient. Specimen collection date is reported by the referring provider and is not verified by Millennium Health. Reference ranges have not been established for urine specimens. Creatinine normalized values are for clinical pharmacokinetic comparison only.

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Lab Director UDT: Miriam J. Bloch, MD, CLIA ID# 05D1078705

Patient Name: MOYER, ROBERT



MILLENNIUMUDTSM RADAR® Report

Immunoassay Tabulated Results

RADAR® Hotline 866.866.0605

This section reports only ordered and/or reported immunoassay (IA) results. Immunoassay results are considered presumptive (preliminary).

IA is typically limited to indicating only positive or negative results (qualitative results) and does not differentiate the specific drugs and/or metabolites present in the sample. IA results may be subject to false positives and false negatives.

In the event of a contrary IA vs. LC-MS/MS result, Millennium Health recommends relying on the LC-MS/MS results. Interpretation of these results must be combined with clinical observation and professional judgement. For help with interpretation, please call the RADAR hotline to consult with one of our toxicologists.

TEST	TEST METHOD	TEST OUTCOME	CUTOFF (ng/mL)				
NATURAL AND SEMI-SYNTHETIC OPIOIDS							
Buprenorphine	EIA	Negative	10				
BENZODIAZEPINES							
BENZODIAZEPINES	EIA	Negative	200				
OTHER							
BARBITURATES	EIA	Negative	200				
RECREATIONAL SUBSTANCES							
Ethanol	Enzymatic	Negative	20 mg/dL				

Original Report (Final)

LC-MS/MS POSITIVE Specimen Outcome:

NORMAL Validity Outcome: Specimen Type: Urine MH00473971 Specimen ID: Accession ID: AC5875338

Patient Name: MOYER, ROBERT

Patient SSN: DOB: 01/05/1967

COMMENTS

Requesting Provider: Kaelyn Hewson 1891209599

Requesting Practice: New Life Recovery Solutions

THE FOLLOWING MEDICATIONS WERE REPORTED ON THE REQUISITION FORM¹

NONE

The medications reported here and on the test requisition form have not been verified by Millennium Health.

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*** END OF REPORT ***

Millennium Health, LLC 16981 Via Tazon, Bldg 1, San Diego, CA 92127 - FAX 858.451.3636 Lab Director UDT: Miriam J. Bloch, MD, CLIA ID# 05D1078705

Patient Name: MOYER, ROBERT

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