Result Status: Final

Final

01

## Labcorp

Patient Name:	Account Number:
Patient Phone:	
Date of Birth (Age):	Account Name:
Sex:	
Referring Dr (NPI #):	Collection Date/Time:
Patient ID:	Received Date/Time:
Specimen ID:	Reported Date/Time:

General Comments and Additional Information

-	Γotal Vol:		Source:		
Result Name	Flag	Result	Range/Units	Status	Lab
790348 Anabolic Steroid Screen					
Bolasterone		NONE DETECTED		Final	01
Boldenone		NONE DETECTED		Final	01
4-Chlorotestosterone		NONE DETECTED		Final	01
Danazol		NONE DETECTED		Final	01
Drostanolone		NONE DETECTED		Final	01
Fluoxymesterone	. 4	NONE DETECTED		Final	01
Mesterolone		NONE DETECTED		Final	01
Methandienone		NONE DETECTED		Final	01
Methandriol		NONE DETECTED		Final	01
Methenolone		Positive		Final	01
METHENOLONE CONFIRMED BY GC/MS					
TESTING PERFORMED BY REDWOOD TOXICOLOGY LABORATORY					
SANTA ROSA,CA					
Methyltestosterone		NONE DETECTED		Final	01
Nandrolone		NONE DETECTED		Final	01
Norethandrolone		NONE DETECTED		Final	01
Oxandrolone		NONE DETECTED		Final	01

NONE DETECTED

Oxymesterone

Result Status: Final

## Labcorp

Result Na

Patient Name:	Account Number:
Patient Phone:	
Date of Birth (Age):	Account Name:
Sex:	
Referring Dr (NPI #):	Collection Date/Time:
Patient ID:	Received Date/Time:
Specimen ID:	Reported Date/Time:

am	е	Flag	Result	Range/Units	Status	Lab
	Oxymetholone		NONE DETECTED		Final	01
	Stanozolol		NONE DETECTED		Final	01
	Trenbolone		NONE DETECTED		Final	01
	Probenecid		NONE DETECTED		Final	01
	Clenbuterol		NONE DETECTED		Final	01
	Specific Gravity		NORMAL	•	Final	01
	T/E Ratio Interpretation				Final	01

ELEVATED

ELEVATED TESTOSTERONE/EPITESTOSTERONE RATIO WAS CONFIRMED AT

>4:1 BY HPLCMSMS.

Testosterone	119.4	ng/ml	Final	01
Epitestosterone	1.3	ng/ml	Final	01
T/E Ratio	91.8		Final	01

ANALYSIS FOR ANABOLIC STEROIDS IS PERFORMED BY GC/MS. ANY

POSITIVE OR ABNORMAL RESULTS ARE CONFIRMED BY GC/MS OR

HPLC/MS/MS.

THE TESTOSTERONE/EPITESTOSTERONE RATIO IS REPORTED AS

ELEVATED WHEN THE CALCULATED RESULT IS > 4.0.

Result Status: Final

Lab

## Labcorp

Patient Name: Account Number: Patient Phone: Account Name: Date of Birth (Age): Sex: Referring Dr (NPI #): Collection Date/Time: Patient ID: Received Date/Time: Specimen ID: Reported Date/Time: Flag Result Range/Units Result Name Status

This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

## **Performing Lab**

01 - MedTox Laboratories Inc, 402 W County Road D, St Paul, MN 55112-3522, (877) 474-5767, Walker, Karla J PhrmD For Inquiries, the physician may contact the performing lab.

**END OF REPORT**