| LabCorp | | | Patient F | Report |
|--|--|--|-----------------------|---------|
| Specimen ID: Control ID: | | Acct #: 17452095 Walk-In Lab, LLC 1645 Tiffany Lane Mandeville L-A 7044&- | Phone: (800) 539-6119 | Rte: 00 |
| Patient Details DOB: Age(y/m/d): Gender: SSN: Patient ID: | Specimen Details Date collected: Date received: Date entered: Date reported: | | 7451323 | |
| General Comments & Additional Informa Alternate Control Number: Total Volume: Not Provided | tion | Alternate Patient ID: Fasting: No | | |
| Ordered Items Anabolic Steroid Scr w Validit | | | | |
| TESTS Anabolic Steroid Scr w Val | RESULT | FLAG UNITS RE | FERENCE INTERVAL | LAB |
| Bolasterone NONE DETECTED | | | | 01 |
| Boldenone BOLDENONE CONFIRMED B | Positive Y LC-MS/MS | | | 01 |
| 4-Chlorotestosterone NONE DETECTED | | | | 01 |
| Danazol NONE DETECTED | | | | 01 |
| Drostanolone NONE DETECTED | | | | 01 |
| Fluoxymesterone NONE DETECTED | | | | 01 |
| Mesterolone NONE DETECTED | | | | 01 |
| Methandienone NONE DETECTED | | | | 01 |
| Methandriol NONE DETECTED | | | | 01 |
| Methenolone NONE DETECTED | | | | 01 |
| Methyltestosterone NONE DETECTED | | | | 01 |
| Nandrolone NONE DETECTED | | | | 01 |
| Norethandrolone NONE DETECTED | | | | 01 |
| Oxandrolone NONE DETECTED | | | | 01 |
| Oxymesterone NONE DETECTED | | | | 01 |
| Oxymetholone NONE DETECTED | | | | 01 |

Date Issued: 01/19/18 1750 ET

FINAL REPORT

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| Patient: DOB: | Patient ID: | Cont | Control ID: | | Specimen ID: Date collected: | | |
|----------------------|--|-------------|-------------|------------|---------------------------------|----------|----------|
| | TESTS | RESULT | FLAG | UNITS | REFERENCE | INTERVAL | LAB |
| Stanozol | | | | | | | 01 |
| | E DETECTED | | | | | | 0.1 |
| Trenbolc | one E DETECTED | | | | | | 01 |
| Probenec | - | | | | | | 01 |
| NONE | E DETECTED | | | | | | - |
| Clenbute | | | | | | | 01 |
| | E DETECTED | | | | | | |
| | o Interpretation | NA | | <i>,</i> - | | | 01 |
| Testoste | | 3.8 | | ng/ml | | | 01 |
| Epitesto T/E Rati | | <2.0 NA | | ng/ml | | | 01 01 |
| POSI | LYSIS FOR ANABOLIC S ITIVE OR ABNORMAL RE C/MS/MS. | SULTS ARE C | CONFIRMED | BY GC/MS | OR | | |
| | THE TESTOSTERONE/E ELEVATED WHEN THE | | | | TED AS | | |
| | This test was deve determined by LabC by the Food and Dr | orp. It has | not been | | | | |
| Validity | / Result | NORMAL | | | | | 01 |
| Creatini | .ne | 53.1 | | mg/dl | | | 01 |
| Specific | c Gravity | 1.0070 | | | | | 01 |
| Urine, p | ЭΗ | 6.0 | | | | | 01 |
| | | | | | | | |

| C |)1 | MX | MedTox Laboratories Ir | IC . | | Dir: Mark Catlin, MD | |
|---|----|-------------|-------------------------------|-------------|----------------------|----------------------|--|
| | | | 402 W County Road D, | St Paul, MI | N 55112-3522 | | |
| | F | or inquirie | es, the physician may contact | Branch: 504 | -828-2666 Lab: 858-6 | 68-3700 | |

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