MedRx
Medication Reconciliation

Cogent Medical Laboratory
7133 Riverside Pkwy. Ste. A
Tulsa, OK 74136
Main 918-561-6896
Fax 866-988-4887
CLIA # 37D2069751

APPROVAL REQUIRED

Patient:	**COMP, Sample report**			**Acc #:**	**80139**	
Patient #:	1-49505	Birth:	4/5/1963			
Doctor:	Doctor, Test	Age:	55 years	Collection Date:	4/17/2018 1:27 PM	
		Gender:	Male	Received in Lab:	4/17/2018 1:27 PM	CT

Drug Adherence Assessment Report

Prescribed Medications: *CYMBALTA, HYDROCODONE/APAP, NEURONTIN, CODEINE, ACETAMINOPHEN, ABILIFY, PRILOSEC (Omeprazole), BRINTELLIX, GLUMETZA (Metformin), SYNTHROID, PALIPERIDONE, GEODON, PLAVIX (CLOPIDOGREL), PREVACID (LANSOPRAZOLE), PANTOPRAZOLE, WARFARIN, SIMVASTATIN, SUDAFED (Pseudoephedrine), INVEGA SUSTENNA, VITAMIN B7 (Biotin)*

CONSISTENT RESULTS - REPORTED MEDICATION DETECTED (PARENT DRUG AND/OR METABOLITE)

REPORTED PRESCRIPTION	ANTICIPATED POSITIVE(S)	TEST OUTCOME	DETECTION WINDOW
ABILIFY	Aripiprazole	POSITIVE	Plasma Half-Life: 75-94 hours
ABILIFY	Dehydro-Aripiprazole	POSITIVE	Plasma Half-Life: 75-94 hours
ACETAMINOPHEN	Acetaminophen	POSITIVE	Plasma Half-Life: 2-3 hours
CODEINE	Codeine	POSITIVE	Plasma Half-Life: 2-4 hours
CODEINE	NorCodeine	POSITIVE	Plasma Half-Life: 2-4 hours
CODEINE	Dihydrocodeine	POSITIVE	Plasma Half-Life: 4 hours
CODEINE	Morphine	NEGATIVE	Plasma Half-Life: 1.3-7 hours
CYMBALTA	Duloxetine	POSITIVE	Plasma Half-Life: 8-17 hours
HYDROCODONE/APAP	Hydrocodone	POSITIVE	Plasma Half-Life: 3.5-9 hours
HYDROCODONE/APAP	Norhydrocodone	POSITIVE	Plasma Half-Life: 3.5-9 hours
HYDROCODONE/APAP	Hydromorphone	NEGATIVE	Plasma Half-Life: 1.5-4 hours
NEURONTIN	Gabapentin	POSITIVE	Plasma Half-Life: 5-7 hours
PALIPERIDONE	9-Hydroxyrisperidone	POSITIVE	Plasma Half-Life: 5-6 days
INVEGA SUSTENNA	9-Hydroxyrisperidone	POSITIVE	Plasma Half-Life: 5-6 days
PLAVIX (CLOPIDOGREL)	Clopidogrel	POSITIVE	Plasma Half-Life: 7-8 hours
SUDAFED (Pseudoephedrine)	Pseudoephedrine	POSITIVE	Plasma Half-Life: 4-8 hours
WARFARIN	Warfarin	POSITIVE	Plasma Half-Life: 20-60 hours
VITAMIN B7 (Biotin)	Biotin	POSITIVE	Plasma Half-Life: 1 hour

INCONSISTENT RESULTS - REPORTED MEDICATION NOT DETECTED (NEITHER PARENT DRUG NOR METABOLITE)

REPORTED PRESCRIPTION	ANTICIPATED POSITIVE(S)	TEST OUTCOME	DETECTION WINDOW
BRINTELLIX	Vortioxetine	NEGATIVE	Plasma Half-Life: 66 hours
GLUMETZA (Metformin)	Metformin	NEGATIVE	Plasma Half-Life: 6-7 hours
PRILOSEC (Omeprazole)	Omeprazole	NEGATIVE	Plasma Half-Life: <1 hour
SYNTHROID	Levothyroxine	NEGATIVE	Plasma Half-Life: 6-7 Days
GEODON	Ziprasidone	NEGATIVE	Plasma Half-Life: 7-10 hours
PANTOPRAZOLE	Pantoprazole	NEGATIVE	Plasma Half-Life: 1 hour
SIMVASTATIN	Simvastatin	NEGATIVE	Plasma Half-Life: 2 hours

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INCONSISTENT RESULTS - ANALYTE DETECTED BUT NO CORRESPONDING PRESCRIPTION REPORTED

DETECTED ANALYTE	ILLICIT	MEASURED RESULT	CUTOFF	TEST OUTCOME	DETECTION WINDOW
Caffeine	No	350	<125	POSITIVE	Plasma Half-Life: 5-6 hours
THC (Marijuana metabolite)	Yes	55	<50	POSITIVE	Plasma Half-Life: 4-12 hours

SPECIMEN VALIDITY TESTING

TEST	TEST OUTCOME	MEASURED RESULT	REFERENCE RANGE

ADDITIONAL MEDICATIONS REPORTED BUT NOT TESTED FOR IN THIS REPORT

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Test Name	Outcome	Measured Result	Cutoff	Units	Illicit?	Status
1.NARCOTIC ANALGESICS-OPIODS/OPIATES						*Run by: CT on 4/25/2018 5:43 PM*
Acetaminophen	Positive	450	<50	ng/mL	No	Consistent Result
Buprenorphine	Negative		<10	ng/mL	No	Consistent Result
Norbuprenorphine	Negative		<10	ng/mL	No	Consistent Result
Butorphanol	Negative		<5	ng/mL	No	Consistent Result
Codeine	Positive	12	<10	ng/mL	No	Consistent Result
NorCodeine	Positive	35	<5	ng/mL	No	Consistent Result
Dihydrocodeine	Positive	42	<5	ng/mL	No	Consistent Result
Fentanyl	Negative		<5	ng/mL	No	Consistent Result
Norfentanyl	Negative		<5	ng/mL	No	Consistent Result
Hydrocodone	Positive	6	<5	ng/mL	No	Consistent Result
Norhydrocodone	Positive	15	<5	ng/mL	No	Consistent Result
Hydromorphone	Negative		<10	ng/mL	No	Consistent Result
Morphine	Negative		<10	ng/mL	No	Consistent Result
Levorphanol	Negative		<5	ng/mL	No	Consistent Result
Meperidine	Negative		<5	ng/mL	No	Consistent Result
Methadone	Negative		<5	ng/mL	No	Consistent Result
EDDP	Negative		<5	ng/mL	No	Consistent Result
Oxycodone	Negative		<5	ng/mL	No	Consistent Result
Noroxycodone	Negative		<10	ng/mL	No	Consistent Result
Oxymorphone	Negative		<10	ng/mL	No	Consistent Result
Propoxyphene	Negative		<10	ng/mL	No	Consistent Result
Norpropoxyphene	Negative		<10	ng/mL	No	Consistent Result
Tapentadol	Negative		<10	ng/mL	No	Consistent Result
Tramadol	Negative		<5	ng/mL	No	Consistent Result
N-Desmethyl-Tramadol	Negative		<5	ng/mL	No	Consistent Result
O-Desmethyl-Tramadol	Negative		<5	ng/mL	No	Consistent Result
2.BENZODIAZEPINES						*Run by: CT on 4/25/2018 5:43 PM*
Buspirone	Negative		<10	ng/mL	No	Consistent Result
6-Hydroxybuspirone	Negative		<10	ng/mL	No	Consistent Result
Clonazepam	Negative		<5	ng/mL	No	Consistent Result
7-Aminoclonazepam	Negative		<5	ng/mL	No	Consistent Result
Alprazolam	Negative		<10	ng/mL	No	Consistent Result
Alpha-hydroxyalprazolam	Negative		<5	ng/mL	No	Consistent Result
Clobazam	Negative		<5	ng/mL	No	Consistent Result
Diazepam	Negative		<5	ng/mL	No	Consistent Result
Nordiazepam	Negative		<5	ng/mL	No	Consistent Result
Temazepam	Negative		<5	ng/mL	No	Consistent Result
Oxazepam	Negative		<5	ng/mL	No	Consistent Result
Lorazepam	Negative		<125	ng/mL	No	Consistent Result
Chlordiazepoxide	Negative		<5	ng/mL	No	Consistent Result
Norchlordiazepoxide	Negative		<10	ng/mL	No	Consistent Result
Estazolam	Negative		<5	ng/mL	No	Consistent Result
Flunitrazepam	Negative		<5	ng/mL	No	Consistent Result
N-Desmethyl-Flunitraz	Negative		<5	ng/mL	No	Consistent Result

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2.BENZODIAZEPINES						*Run by: CT on 4/25/2018 5:43 PM*
epam						
Prazepam	Negative		<10	ng/mL	No	Consistent Result
Triazolam	Negative		<5	ng/mL	No	Consistent Result
Alpha-Hydroxytriazolam	Negative		<5	ng/mL	No	Consistent Result
3.ANTIPSYCHOTICS						*Run by: CT on 4/25/2018 5:43 PM*
Aripiprazole	Positive	750	<125	ng/mL	No	Consistent Result
Dehydro-Aripiprazole	Positive	800	<125	ng/mL	No	Consistent Result
Chlorpromazine	Negative		<250	ng/mL	No	Consistent Result
Clozapine	Negative		<5	ng/mL	No	Consistent Result
Clozapine_N_oxide	Negative		<10	ng/mL	No	Consistent Result
Fluphenazine	Negative		<5	ng/mL	No	Consistent Result
Haloperidol	Negative		<5	ng/mL	No	Consistent Result
Olanzapine	Negative		<10	ng/mL	No	Consistent Result
Risperidone	Negative		<5	ng/mL	No	Consistent Result
9-Hydroxyrisperidone	Positive	22	<5	ng/mL	No	Consistent Result
Quetiapine	Negative		<5	ng/mL	No	Consistent Result
Norquetiapine	Negative		<5	ng/mL	No	Consistent Result
Thioridazine	Negative		<10	ng/mL	No	Consistent Result
Ziprasidone	Negative		<10	ng/mL	No	**Inconsistent Result**
Asenapine	Negative		<50	ng/mL	No	Consistent Result
Brexpiprazole	Negative		<1	ng/mL	No	Consistent Result
Iloperidone	Negative		<1	ng/mL	No	Consistent Result
Lurasidone	Negative		<5	ng/mL	No	Consistent Result
Perphenazine	Negative		<5	ng/mL	No	Consistent Result
Thiothixene	Negative		<10	ng/mL	No	Consistent Result
4.ANTIDEPRESSANTS						*Run by: CT on 4/25/2018 5:43 PM*
Citalopram	Negative		<10	ng/mL	No	Consistent Result
Doxepin	Negative		<5	ng/mL	No	Consistent Result
Nordoxepin	Negative		<5	ng/mL	No	Consistent Result
Duloxetine	Positive	8	<5	ng/mL	No	Consistent Result
Fluoxetine	Negative		<5	ng/mL	No	Consistent Result
Norfluoxetine	Negative		<5	ng/mL	No	Consistent Result
Amitriptyline	Negative		<5	ng/mL	No	Consistent Result
Bupropion	Negative		<5	ng/mL	No	Consistent Result
Hydroxybupropion	Negative		<10	ng/mL	No	Consistent Result
Clomipramine	Negative		<5	ng/mL	No	Consistent Result
N-Desmethyl-Clomipramine	Negative		<5	ng/mL	No	Consistent Result
Desipramine	Negative		<5	ng/mL	No	Consistent Result
Fluvoxamine	Negative		<5	ng/mL	No	Consistent Result
Imipramine	Negative		<5	ng/mL	No	Consistent Result
Nortriptyline	Negative		<5	ng/mL	No	Consistent Result
Mirtazapine	Negative		<5	ng/mL	No	Consistent Result
Normirtazapine	Negative		<1	ng/mL	No	Consistent Result

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4.ANTIDEPRESSANTS						*Run by: CT on 4/25/2018 5:43 PM*
Paroxetine	Negative		<10	ng/mL	No	Consistent Result
Methysticin	Negative		<5	ng/mL	No	Consistent Result
D-L-Kavain	Negative		<10	ng/mL	No	Consistent Result
Dihydrokavain	Negative		<50	ng/mL	No	Consistent Result
Dihydromethysticin	Negative		<5	ng/mL	No	Consistent Result
Desmethoxyyangonin	Negative		<50	ng/mL	No	Consistent Result
Sertraline	Negative		<5	ng/mL	No	Consistent Result
Trazodone	Negative		<5	ng/mL	No	Consistent Result
Venlafaxine	Negative		<10	ng/mL	No	Consistent Result
O-Desmethyl-Venlafaxine	Negative		<5	ng/mL	No	Consistent Result
Yangonin	Negative		<10	ng/mL	No	Consistent Result
Amoxapine	Negative		<5	ng/mL	No	Consistent Result
Milnacipran	Negative		<1	ng/mL	No	Consistent Result
Vilazodone	Negative		<125	ng/mL	No	Consistent Result
Vortioxetine	Negative		<.5	ng/mL	No	**Inconsistent Result**
5.DEPRESSANTS						*Run by: CT on 4/25/2018 5:43 PM*
Desalkylflurazepam	Negative		<5	ng/mL	No	Consistent Result
Flurazepam	Negative		<5	ng/mL	No	Consistent Result
Midazolam	Negative		<5	ng/mL	No	Consistent Result
Alpha-Hydroxymidazolam	Negative		<5	ng/mL	No	Consistent Result
Zaleplon	Negative		<10	ng/mL	No	Consistent Result
Zolpidem	Negative		<5	ng/mL	No	Consistent Result
Zopiclone-N-Oxide	Negative		<125	ng/mL	No	Consistent Result
Eszopiclone	Negative		<1	ng/mL	No	Consistent Result
6.ANTICONVULSANTS						*Run by: CT on 4/25/2018 5:43 PM*
Gabapentin	Positive	650	<5	ng/mL	No	Consistent Result
Lamotrigine	Negative		<10	ng/mL	No	Consistent Result
Levetiracetam	Negative		<5	ng/mL	No	Consistent Result
Carbamazepine	Negative		<10	ng/mL	No	Consistent Result
Oxcarbazepine	Negative		<10	ng/mL	No	Consistent Result
10-11-Dihydro-10-Hydroxycarbamazepine	Negative		<5	ng/mL	No	Consistent Result
Licarbazepine	Negative		<5	ng/mL	No	Consistent Result
Pregabalin	Negative		<10	ng/mL	No	Consistent Result
Tiagabine	Negative		<10	ng/mL	No	Consistent Result
Valproic Acid	Negative		<10	ng/mL	No	Consistent Result
Zonisamide	Negative		<125	ng/mL	No	Consistent Result
Phenytoin	Negative		<10	ng/mL	No	Consistent Result
Primidone	Negative		<5	ng/mL	No	Consistent Result
Topiramate	Negative		<1	ng/mL	No	Consistent Result
7.MUSCLE RELAXANTS						*Run by: CT on 4/25/2018 5:43 PM*
Baclofen	Negative		<10	ng/mL	No	Consistent Result
Cyclobenzaprine	Negative		<5	ng/mL	No	Consistent Result

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7.MUSCLE RELAXANTS						*Run by: CT on 4/25/2018 5:43 PM*
Methocarbamol	Negative		<50	ng/mL	No	Consistent Result
Carisoprodol	Negative		<50	ng/mL	No	Consistent Result
Meprobamate	Negative		<10	ng/mL	No	Consistent Result
Metaxalone	Negative		<5	ng/mL	No	Consistent Result
8.STIMULANTS / ADHD						*Run by: CT on 4/25/2018 5:43 PM*
Amphetamine	Negative		<5	ng/mL	No	Consistent Result
Caffeine	Positive	350	<125	ng/mL	No	**Inconsistent Result**
Guanfacine	Negative		<5	ng/mL	No	Consistent Result
Ephedrine	Negative		<10	ng/mL	No	Consistent Result
Methylphenidate	Negative		<5	ng/mL	No	Consistent Result
Ritalinic Acid	Negative		<5	ng/mL	No	Consistent Result
Atomoxetine	Negative		<10	ng/mL	No	Consistent Result
Lisdexamfetamine	Negative		<5	ng/mL	No	Consistent Result
9.DECONGESTANTS						*Run by: CT on 4/25/2018 5:50 PM*
Dextromethorphan	Negative		<5	ng/mL	No	Consistent Result
Pseudoephedrine	Positive	55	<10	ng/mL	No	Consistent Result
10.APPETITE STIMULANTS						*Run by: CT on 4/25/2018 5:50 PM*
Marinol	Negative		<50	ng/mL	No	Consistent Result
Phentermine	Negative		<10	ng/mL	No	Consistent Result
11.ANTIDOTES						*Run by: CT on 4/25/2018 5:50 PM*
Naloxone	Negative		<5	ng/mL	No	Consistent Result
Naltrexone	Negative		<5	ng/mL	No	Consistent Result
12.ILLICITS						*Run by: CT on 4/25/2018 5:50 PM*
6-MAM (heroin metabolite)	Negative		<10	ng/mL	Yes	Consistent Result
Cocaine	Negative		<5	ng/mL	Yes	Consistent Result
Benzoylecgonine	Negative		<5	ng/mL	Yes	Consistent Result
DMT	Negative		<5	ng/mL	Yes	Consistent Result
5-MeO-DMT	Negative		<5	ng/mL	Yes	Consistent Result
MDA	Negative		<125	ng/mL	Yes	Consistent Result
MDEA	Negative		<5	ng/mL	Yes	Consistent Result
MDMA	Negative		<50	ng/mL	Yes	Consistent Result
MDPV	Negative		<5	ng/mL	Yes	Consistent Result
Mephedrone	Negative		<5	ng/mL	Yes	Consistent Result
Methamphetamine	Negative		<5	ng/mL	Yes	Consistent Result
Methylone	Negative		<5	ng/mL	Yes	Consistent Result
Mitragynine (Kratom)	Negative		<5	ng/mL	No	Consistent Result
7-HydroxyMitragynine (Kratom)	Negative		<5	ng/mL	No	Consistent Result
PCP	Negative		<5	ng/mL	Yes	Consistent Result
THC (Marijuana metabolite)	Positive	55	<50	ng/mL	Yes	**Inconsistent Result**
Acetyl-Fentanyl	Negative		<5	ng/mL	Yes	Consistent Result
Carfentanil	Negative		<10	ng/mL	Yes	Consistent Result
Didesmethyl-U-47700	Negative		<5	ng/mL	Yes	Consistent Result
N-Desmethyl-U-47700	Negative		<5	ng/mL	Yes	Consistent Result

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12.ILLICITS						*Run by: CT on 4/25/2018 5:50 PM*
AM2201 (Spice Cannabinoid)	Negative		<50	ng/mL	Yes	Consistent Result
HU-210 (Spice Cannabinoid)	Negative		<50	ng/mL	Yes	Consistent Result
JWH-019 (Spice Cannabinoid)	Negative		<50	ng/mL	Yes	Consistent Result
JWH-073 4-Hydroxybutyl (Spice Cannabinoid)	Negative		<10	ng/mL	Yes	Consistent Result
JWH-081 (Spice Cannabinoid)	Negative		<10	ng/mL	Yes	Consistent Result
JWH-122 (Spice Cannabinoid)	Negative		<5	ng/mL	Yes	Consistent Result
JWH-18-5-pentanoic acid (Spice Cannabinoid)	Negative		<5	ng/mL	Yes	Consistent Result
JWH-18-5-pentanyl (Spice Cannabinoid)	Negative		<5	ng/mL	Yes	Consistent Result
JWH-250-5OH-pentanyl (Spice Cannabinoid)	Negative		<10	ng/mL	Yes	Consistent Result
5-Fluoro-NPB-22	Negative		<50	ng/mL	Yes	Consistent Result
AB-FUBINACA	Negative		<5	ng/mL	Yes	Consistent Result
FDU-PB-22	Negative		<10	ng/mL	Yes	Consistent Result
MMB-CHMICA	Negative		<5	ng/mL	Yes	Consistent Result
13.BARBITURATES						*Run by: CT on 4/25/2018 5:50 PM*
Amobarbital	Negative		<5	ng/mL	No	Consistent Result
Butabarbital	Negative		<50	ng/mL	No	Consistent Result
Butalbital	Negative		<50	ng/mL	No	Consistent Result
Phenobarbital	Negative		<5	ng/mL	No	Consistent Result
Pentobarbital	Negative		<5	ng/mL	No	Consistent Result
Secobarbital	Negative		<5	ng/mL	No	Consistent Result
14.DIRECT BIOMARKERS						*Run by: CT on 4/25/2018 5:50 PM*
(-)-Cotinine	Negative		<5	ng/mL	No	Consistent Result
Ethyl Glucuronide (Ethanol)	Negative		<5	ng/mL	No	Consistent Result
Ethyl Sulfate (Ethanol)	Negative		<5	ng/mL	No	Consistent Result
15. ANTI-INFLAMMATORY / NSAIDs						*Run by: CT on 4/25/2018 5:43 PM*
Celecoxib	Negative		<50	ng/mL	No	Consistent Result
Cetirizine	Negative		<5	ng/mL	No	Consistent Result
Chlorpheniramine	Negative		<5	ng/mL	No	Consistent Result
Colchicine	Negative		<10	ng/mL	No	Consistent Result
Desloratadine	Negative		<5	ng/mL	No	Consistent Result
Diclofenac	Negative		<1	ng/mL	No	Consistent Result
Diphenhydramine	Negative		<1	ng/mL	No	Consistent Result
Etodolac	Negative		<5	ng/mL	No	Consistent Result
Febuxostat	Negative		<10	ng/mL	No	Consistent Result
Fexofenadine	Negative		<10	ng/mL	No	Consistent Result

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15. ANTI-INFLAMMATORY / NSAIDs						*Run by: CT on 4/25/2018 5:43 PM*
Hydroxychloroquine	Negative		<1	ng/mL	No	Consistent Result
Hydroxyzine	Negative		<10	ng/mL	No	Consistent Result
Ibuprofen	Negative		<1	ng/mL	No	Consistent Result
Indomethacin	Negative		<5	ng/mL	No	Consistent Result
Loratadine	Negative		<10	ng/mL	No	Consistent Result
Meloxicam	Negative		<1	ng/mL	No	Consistent Result
Montelukast	Negative		<125	ng/mL	No	Consistent Result
Naproxen	Negative		<1	ng/mL	No	Consistent Result
Olopatadine	Negative		<50	ng/mL	No	Consistent Result
Oxipurinol	Negative		<1	ng/mL	No	Consistent Result
Piroxicam	Negative		<10	ng/mL	No	Consistent Result
Promethazine	Negative		<1	ng/mL	No	Consistent Result
Sumatriptan	Negative		<1	ng/mL	No	Consistent Result
Tofacitinib	Negative		<1	ng/mL	No	Consistent Result
16. CARDIOVASCULAR						*Run by: CT on 4/25/2018 5:43 PM*
Acebutolol	Negative		<10	ng/mL	No	Consistent Result
Amiodarone	Negative		<10	ng/mL	No	Consistent Result
N-Desethylamiodarone	Negative		<1	ng/mL	No	Consistent Result
Amlodipine	Negative		<5	ng/mL	No	Consistent Result
Apixaban	Negative		<50	ng/mL	No	Consistent Result
Atenolol	Negative		<5	ng/mL	No	Consistent Result
Atorvastatin	Negative		<5	ng/mL	No	Consistent Result
Atorvastatin Lactone	Negative		<5	ng/mL	No	Consistent Result
Benazepril	Negative		<5	ng/mL	No	Consistent Result
Bisoprolol	Negative		<1	ng/mL	No	Consistent Result
Candesartan Cilexetil	Negative		<5	ng/mL	No	Consistent Result
Candesartan	Negative		<1	ng/mL	No	Consistent Result
Carvedilol	Negative		<5	ng/mL	No	Consistent Result
Cilostazol	Negative		<5	ng/mL	No	Consistent Result
Clopidogrel	Positive	2	<1	ng/mL	No	Consistent Result
Dabigatran	Negative		<1	ng/mL	No	Consistent Result
Diltiazem	Negative		<5	ng/mL	No	Consistent Result
Dipyridamole	Negative		<1	ng/mL	No	Consistent Result
Doxazosin	Negative		<50	ng/mL	No	Consistent Result
Dronedarone	Negative		<50	ng/mL	No	Consistent Result
Eletriptan	Negative		<1	ng/mL	No	Consistent Result
Enalaprilat	Negative		<1	ng/mL	No	Consistent Result
Ezetimibe	Negative		<1	ng/mL	No	Consistent Result
Fenofibric Acid	Negative		<5	ng/mL	No	Consistent Result
Flecainide	Negative		<1	ng/mL	No	Consistent Result
Gemfibrozil	Negative		<10	ng/mL	No	Consistent Result
Glimepiride	Negative		<5	ng/mL	No	Consistent Result
Hydrochlorothiazide	Negative		<5	ng/mL	No	Consistent Result
Irbesartan	Negative		<1	ng/mL	No	Consistent Result
Labetalol	Negative		<1	ng/mL	No	Consistent Result

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APPROVAL REQUIRED

Patient: **COMP, Sample report** **Acc #:** **80139**
Patient #: 1-49505 Birth: 4/5/1963
Doctor: Doctor, Test Age: 55 years Collection Date: 4/17/2018 1:27 PM
Gender: Male Received in Lab: 4/17/2018 1:27 PM CT

Test Name	Outcome	Measured Result	Cutoff	Units	Illicit?	Status
16. CARDIOVASCULAR						*Run by: CT on 4/25/2018 5:43 PM*
Lisinopril	Negative		<5	ng/mL	No	Consistent Result
Losartan	Negative		<5	ng/mL	No	Consistent Result
Metoprolol	Negative		<5	ng/mL	No	Consistent Result
Alpha-hydroxymetoprolol	Negative		<1	ng/mL	No	Consistent Result
Nadolol	Negative		<1	ng/mL	No	Consistent Result
Nifedipine	Negative		<5	ng/mL	No	Consistent Result
Olmesartan Acid	Negative		<5	ng/mL	No	Consistent Result
Pentoxifylline	Negative		<1	ng/mL	No	Consistent Result
Propranolol	Negative		<1	ng/mL	No	Consistent Result
Ranolazine	Negative		<125	ng/mL	No	Consistent Result
Rivaroxaban	Negative		<5	ng/mL	No	Consistent Result
Simvastatin	Negative		<1	ng/mL	No	**Inconsistent Result**
Telmisartan	Negative		<5	ng/mL	No	Consistent Result
Terazosin	Negative		<1	ng/mL	No	Consistent Result
Ticagrelor	Negative		<5	ng/mL	No	Consistent Result
Valsartan	Negative		<125	ng/mL	No	Consistent Result
Verapamil	Negative		<.5	ng/mL	No	Consistent Result
Warfarin	Positive	7	<1	ng/mL	No	Consistent Result
17. ANTIBIOTICS / UTIs						*Run by: CT on 4/25/2018 5:43 PM*
Darifenacin	Negative		<50	ng/mL	No	Consistent Result
Itraconazole	Negative		<5	ng/mL	No	Consistent Result
Nitrofurantoin	Negative		<5	ng/mL	No	Consistent Result
18. GASTROINTESTINAL / DIETARY						*Run by: CT on 4/25/2018 5:43 PM*
Biotin	Positive	21	<10	ng/mL	No	Consistent Result
Famotidine	Negative		<1	ng/mL	No	Consistent Result
Hyoscyamine	Negative		<1	ng/mL	No	Consistent Result
Lansoprazole	Negative		<5	ng/mL	No	Consistent Result
Metoclopramide	Negative		<5	ng/mL	No	Consistent Result
Omeprazole	Negative		<1	ng/mL	No	**Inconsistent Result**
Pantoprazole	Negative		<1	ng/mL	No	**Inconsistent Result**
Ranitidine	Negative		<1	ng/mL	No	Consistent Result
19. DIABETIC						*Run by: CT on 4/25/2018 5:43 PM*
Glipizide	Negative		<5	ng/mL	No	Consistent Result
Glyburide	Negative		<50	ng/mL	No	Consistent Result
Linagliptin	Negative		<50	ng/mL	No	Consistent Result
Metformin	Negative		<5	ng/mL	No	**Inconsistent Result**
Nateglinide	Negative		<5	ng/mL	No	Consistent Result
Pioglitazone	Negative		<1	ng/mL	No	Consistent Result
Repaglinide	Negative		<50	ng/mL	No	Consistent Result
Rosiglitazone	Negative		<1	ng/mL	No	Consistent Result
Saxagliptin	Negative		<1	ng/mL	No	Consistent Result
Sitagliptin	Negative		<10	ng/mL	No	Consistent Result
20. DIURETICS / INCONTINENCE						*Run by: CT on 4/25/2018 5:43 PM*
Acetazolamide	Negative		<5	ng/mL	No	Consistent Result

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Doctor:	Doctor, Test	Age:	55 years	Collection Date:	4/17/2018 1:27 PM	
		Gender:	Male	Received in Lab:	4/17/2018 1:27 PM	CT

Test Name	Outcome	Measured Result	Cutoff	Units	Illicit?	Status
20. DIURETICS / INCONTINENCE						*Run by: CT on 4/25/2018 5:43 PM*
Alfuzosin	Negative		<10	ng/mL	No	Consistent Result
Canrenone	Negative		<5	ng/mL	No	Consistent Result
Chlorothiazide	Negative		<1	ng/mL	No	Consistent Result
Furosemide	Negative		<5	ng/mL	No	Consistent Result
Indapamide	Negative		<5	ng/mL	No	Consistent Result
Solifenacin	Negative		<5	ng/mL	No	Consistent Result
Torsemide	Negative		<1	ng/mL	No	Consistent Result
Triamterene	Negative		<1	ng/mL	No	Consistent Result
21. PDE / Phosphodiesterase Inhibitors						*Run by: CT on 4/25/2018 5:43 PM*
Sildenafil	Negative		<125	ng/mL	No	Consistent Result
Tadalafil	Negative		<5	ng/mL	No	Consistent Result
Vardenafil	Negative		<125	ng/mL	No	Consistent Result
22. CORTICOSTEROIDS / HORMONE THERAPY						*Run by: CT on 4/25/2018 5:43 PM*
Budesonide	Negative		<10	ng/mL	No	Consistent Result
Dexamethasone	Negative		<1	ng/mL	No	Consistent Result
Finasteride	Negative		<5	ng/mL	No	Consistent Result
Levothyroxine	Negative		<5	ng/mL	No	**Inconsistent Result**
Prednisolone	Negative		<10	ng/mL	No	Consistent Result
Raloxifene	Negative		<5	ng/mL	No	Consistent Result
23. ANTI-NEOPLASTICS / CANCER THERAPY						*Run by: CT on 4/25/2018 5:43 PM*
Methotrexate	Negative		<5	ng/mL	No	Consistent Result
Ondansetron	Negative		<1	ng/mL	No	Consistent Result
24. DEMENTIA (Parkinson's/Alzheimer's)						*Run by: CT on 4/25/2018 5:43 PM*
Donepezil	Negative		<1	ng/mL	No	Consistent Result
Rivastigmine	Negative		<5	ng/mL	No	Consistent Result
Ropinirole	Negative		<1	ng/mL	No	Consistent Result

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Morphine is a commonly detected metabolite among patients taking codeine.
An active molecule of Opana, Oxymorphone is a commonly detected metabolite among patients taking Oxycodone.
Opana (Oxymorphone) will not metabolize to Noroxycodone or Oxycodone.
Hydromorphone is a commonly detected metabolite among patients taking Hydrocodone and Morphine.
Oxazepam is commonly detected metabolite among patients taking Diazepam, Nor-Diazepam or Temazepam.
Temazepam and Nor-Diazepam are commonly detected metabolites among patients taking Diazepam.
Alprazolam, Alpha-OH-Alprazolam, Clonazepam, and 7-amino-Clonazepam are not detected in patients taking Diazepam, Nor-diazepam, Lorazepam, Oxazepam, and Temazepam.
Meprobamate is a commonly detected metabolite among patients taking Carisoprodol and its presence is consistent with the use of Carisoprodol.
An active (drug) or metabolite may be listed as a Negative Outcome, however, if either the active or any metabolite(s) are present (Positive), then the result is listed as Consistent for that reported prescribed medication.
Metabolites can remain longer in the body than the parent drug. Sometimes only the metabolite may be detected in the urine and not the parent drug.

In case of patients consuming HYDROCODONE-containing medications: Norhydrocodone is the major metabolite of Hydrocodone indicating presence of Hydrocodone in the urine. While Hydrocodone can also be metabolized to Hydromorphone, identification of just Hydromorphone by itself is not a confirmation of Hydrocodone being present, since recent studies suggest that urine specimens of patients taking Hydrocodone always show presence of Hydrocodone or Norhydrocodone in combination with Hydromorphone. FOR PATIENT RESULTS INDICATING JUST THE PRESENCE OF HYDROMORPHONE: THIS MAY BE DERIVED FROM MORPHINE-CONTAINING PRESCRIPTION DRUGS OR HYDROMORPHONE-ONLY PRESCRIPTIONS (FOR EXAMPLE, DILAUDID). Further reading: Valtier,S. and Bebarta,V.S. (2012) Excretion profile of hydrocodone, hydromorphone and norhydrocodone in urine following single dose administration of hydrocodone to healthy volunteers. J. Anal. Toxicol., 36, 507–14. and Barakat,N.H., Atayee,R.S., Best,B.M. and Ma,J.D. (2014) Observations of Urinary Hydrocodone and Metabolite Distributions in Pain Patients. J. Anal. Toxicol., 38, 129–134.)

Notes: ***Specimen collected and processed using CleanAssure by Alcala Labs. This procedure is to determine the presence and concentration of prescription/non-prescription drugs from dried blood spot specimens collected using Mitra™ Microsampling devices by fingerpricks.***

This method and associated validation is intended for patient compliance testing only (i.e. determination of the presence or absence and concentrations of prescribed and illicit drugs in dried blood spots) and is not validated for therapeutic drug monitoring (TDM) of drug plasma levels. Detection ranges may be reduced (compound-specific) versus urine toxicology test results. Mitra™ Microsampling devices improve patient comfort and increase operational efficiencies.

THC was observed.

Reviewed By: _____ Date: _____

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Patient: **COMP, Sample report** **Acc #:** **80139**
Patient #: 1-49505 Birth: 04/05/1963
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Gender: Male Received in Lab: 4/17/2018 1:27 PM CT

Current Patient Medications

Abilify, Acetaminophen, Brintellix, Codeine, Cymbalta, Glumetza, Hydrocodone / Acetaminophen, Neurontin, Paliperidone, Prilosec, Synthroid, Geodon, Invega Sustenna, Pantoprazole, Plavix, Prevacid, Simvastatin, Sudafed, Warfarin, Biotin

Drug-Drug Interactions

Plavix & Prilosec — SERIOUS

Evaluate patient risk for gastrointestinal(GI) bleeding. When PPIs are needed, use dexlansoprazole, lansoprazole, pantoprazole or rabeprazole as they have a lower interaction risk. Consider the use of H2 blockers (such as famotidine, nizatidine, or ranitidine) in patients with a low bleeding risk and reserve the use of PPIs for patients at higher risk of GI bleeding.US manufacturers for clopidogrel and omeprazole state concurrent use of clopidogrel esomeprazole and omeprazole should be avoided. As esomeprazole and omeprazole are irreversible inhibitors of CYP2C19, separating clopidogrel from esomeprazole or omeprazole administration times does not change the magnitude of this interaction.The US manufacturer of clopidogrel states that alternatives to clopidogrel should be considered in patients who are poor metabolizers of CYP2C19. It would be prudent to assume that patients taking strong inhibitors of CYP2C19 are poor metabolizers of this isoenzyme. Moderate CYP2C19 inhibitors, such as omeprazole, and weak CYP2C19 inhibitors, such as cimetidine, may also affect this interaction.Consider alternatives to esomeprazole, omeprazole, and cimetidine in patients stabilized on clopidogrel and alternatives to clopidogrel in patients stabilized on esomeprazole, omeprazole, and cimetidine. If concurrent therapy is warranted, consider appropriate testing to assure adequate inhibition of platelet reactivity.

Warfarin & Brintellix — SERIOUS

For the combination of fluvoxamine and warfarin: when possible change to a SSRI which does not inhibit warfarin metabolism (e.g. citalopram or paroxetine). For patients who require this combination, monitor for an increase in INR when fluvoxamine is started or the dose is increased. The warfarin dose may need to be reduced.For all anticoagulant/SSRI or SNRI combinations, if concurrent therapy is warranted, monitor patients receiving concurrent therapy for signs of blood loss, including decreased hemoglobin, hematocrit, fecal occult blood, and/or decreased blood pressure and promptly evaluate patients with any symptoms.When applicable, perform agent-specific laboratory test (e.g. INR, aPTT) to monitor efficacy and safety of anticoagulation. Discontinue anticoagulation in patients with active pathologic bleeding.Instruct patients to report any signs and symptoms of bleeding, such as unusual bleeding from the gums or nose; unusual bruising; red or black, tarry stools; red, pink or dark brown urine; acute abdominal or joint pain and/or swelling.The time of highest risk for a coumarin-type drug interaction is when the precipitant drug is initiated or discontinued. Contact the prescriber before initiating, altering the dose or discontinuing either drug.

Invega Sustenna & Geodon — SERIOUS

The US manufacturer of paliperidone states that the use of paliperidone should be avoided with other drugs that are known to prolong the QTc interval, including Class IA and Class III antiarrhythmics, antipsychotics, antibiotics such as gatifloxacin and moxifloxacin, or any other class of medications known to prolong the QTc interval.If concurrent therapy is warranted, consider obtaining serum calcium, magnesium, and potassium levels and monitoring ECG at baseline and at regular intervals. Correct any electrolyte abnormalities. Instruct patients to report any irregular heartbeat, dizziness, or fainting.

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Codeine & Abilify — MODERATE

Limit prescribing opioid analgesics with CNS depressants such as antipsychotics to patients for whom alternatives are inadequate.If concurrent use is necessary, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. If starting a CNS depressant (for an indication other than epilepsy) with an opioid analgesic, prescribe a lower initial dose of the CNS depressant than indicated in the absence of an opioid and titrate based upon clinical response. If an opioid analgesic is indicated in a patient already taking a CNS depressant, prescribe a lower dose of the opioid and titrate based upon clinical response.Monitor patients receiving concurrent therapy for unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, or unresponsiveness.

Codeine & Geodon — MODERATE

Limit prescribing opioid analgesics with CNS depressants such as antipsychotics to patients for whom alternatives are inadequate.If concurrent use is necessary, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. If starting a CNS depressant (for an indication other than epilepsy) with an opioid analgesic, prescribe a lower initial dose of the CNS depressant than indicated in the absence of an opioid and titrate based upon clinical response. If an opioid analgesic is indicated in a patient already taking a CNS depressant, prescribe a lower dose of the opioid and titrate based upon clinical response.Monitor patients receiving concurrent therapy for unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, or unresponsiveness.

Cymbalta & Plavix — MODERATE

Selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors and agents that affect coagulation should be used concurrently with caution.If concurrent therapy is warranted, monitor patients receiving concurrent therapy for signs of blood loss, including decreased hemoglobin, hematocrit, fecal occult blood, and/or decreased blood pressure and promptly evaluate patients with any symptoms.When applicable, perform agent-specific laboratory test (e.g. INR, aPTT) to monitor efficacy and safety of anticoagulation. Discontinue anticoagulation in patients with active pathologic bleeding.Instruct patients to report any signs and symptoms of bleeding, such as unusual bleeding from the gums or nose; unusual bruising; red or black, tarry stools; red, pink or dark brown urine; acute abdominal or joint pain and/or swelling.

Warfarin & Hydrocodone / Acetaminophen — MODERATE

Patients receiving routine acetaminophen at dosages greater than 2 grams/day with coumarin anticoagulants should be closely monitored for changes in anticoagulant effects. The dosage of the anticoagulant may need to be adjusted.Patients receiving coumarin anticoagulants should be counseled on the use of acetaminophen.

Warfarin & Simvastatin — MODERATE

Patients should be monitored for changes in prothrombin time when a HMG Co-A reductase inhibitor is added to or discontinued from warfarin therapy, or if the dosage of the HMG Co-A reductase inhibitor is adjusted.If concurrent therapy is warranted, monitor patients receiving concurrent therapy for signs of blood loss, including decreased hemoglobin, hematocrit, fecal occult blood, and/or decreased blood pressure and promptly evaluate patients with any symptoms. Discontinue anticoagulation in patients with active pathologic bleeding.Instruct patients to report any signs and symptoms of bleeding, such as unusual bleeding from the gums or nose; unusual bruising; red or black, tarry stools; red, pink or dark brown urine; acute abdominal or joint pain and/or swelling.The time of highest risk for a coumarin-type drug interaction is when the precipitant drug is initiated or discontinued. Contact the prescriber before initiating, altering the dose or discontinuing either drug.

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Plavix & Warfarin — MODERATE

Use caution when administering platelet aggregation inhibitors concurrently with anticoagulants. Careful monitoring of appropriate laboratory values for the patient's anticoagulant (e.g. PTT for heparin, anti Xa levels for low-molecular weight heparins, INR for warfarin) as well as signs and symptoms of bleeding is warranted.If concurrent therapy is warranted, monitor patients receiving concurrent therapy for signs of blood loss, including decreased hemoglobin, hematocrit, fecal occult blood, and/or decreased blood pressure and promptly evaluate patients with any symptoms.When applicable, perform agent-specific laboratory test (e.g. INR, aPTT) to monitor efficacy and safety of anticoagulation. Discontinue anticoagulation in patients with active pathologic bleeding.Instruct patients to report any signs and symptoms of bleeding, such as unusual bleeding from the gums or nose; unusual bruising; red or black, tarry stools; red, pink or dark brown urine; acute abdominal or joint pain and/or swelling.The time of highest risk for a coumarin-type drug interaction is when the precipitant drug is initiated or discontinued. Contact the prescriber before initiating, altering the dose or discontinuing either drug.

Warfarin & Acetaminophen — MODERATE

Patients receiving routine acetaminophen at dosages greater than 2 grams/day with coumarin anticoagulants should be closely monitored for changes in anticoagulant effects. The dosage of the anticoagulant may need to be adjusted.Patients receiving coumarin anticoagulants should be counseled on the use of acetaminophen.

Hydrocodone / Acetaminophen & Paliperidone — MODERATE

Limit prescribing opioid analgesics with CNS depressants such as antipsychotics to patients for whom alternatives are inadequate.If concurrent use is necessary, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. If starting a CNS depressant (for an indication other than epilepsy) with an opioid analgesic, prescribe a lower initial dose of the CNS depressant than indicated in the absence of an opioid and titrate based upon clinical response. If an opioid analgesic is indicated in a patient already taking a CNS depressant, prescribe a lower dose of the opioid and titrate based upon clinical response.Monitor patients receiving concurrent therapy for unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, or unresponsiveness.

Hydrocodone / Acetaminophen & Invega Sustenna — MODERATE

Limit prescribing opioid analgesics with CNS depressants such as antipsychotics to patients for whom alternatives are inadequate.If concurrent use is necessary, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. If starting a CNS depressant (for an indication other than epilepsy) with an opioid analgesic, prescribe a lower initial dose of the CNS depressant than indicated in the absence of an opioid and titrate based upon clinical response. If an opioid analgesic is indicated in a patient already taking a CNS depressant, prescribe a lower dose of the opioid and titrate based upon clinical response.Monitor patients receiving concurrent therapy for unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, or unresponsiveness.

Hydrocodone / Acetaminophen & Geodon — MODERATE

Limit prescribing opioid analgesics with CNS depressants such as antipsychotics to patients for whom alternatives are inadequate.If concurrent use is necessary, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. If starting a CNS depressant (for an indication other than epilepsy) with an opioid analgesic, prescribe a lower initial dose of the CNS depressant than indicated in the absence of an opioid and titrate based upon clinical response. If an opioid analgesic is indicated in a patient already taking a CNS depressant, prescribe a lower dose of the opioid and titrate based upon clinical response.Monitor patients receiving concurrent therapy for unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, or unresponsiveness.

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Codeine & Invega Sustenna — MODERATE

Limit prescribing opioid analgesics with CNS depressants such as antipsychotics to patients for whom alternatives are inadequate.If concurrent use is necessary, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. If starting a CNS depressant (for an indication other than epilepsy) with an opioid analgesic, prescribe a lower initial dose of the CNS depressant than indicated in the absence of an opioid and titrate based upon clinical response. If an opioid analgesic is indicated in a patient already taking a CNS depressant, prescribe a lower dose of the opioid and titrate based upon clinical response.Monitor patients receiving concurrent therapy for unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, or unresponsiveness.

Codeine & Paliperidone — MODERATE

Limit prescribing opioid analgesics with CNS depressants such as antipsychotics to patients for whom alternatives are inadequate.If concurrent use is necessary, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. If starting a CNS depressant (for an indication other than epilepsy) with an opioid analgesic, prescribe a lower initial dose of the CNS depressant than indicated in the absence of an opioid and titrate based upon clinical response. If an opioid analgesic is indicated in a patient already taking a CNS depressant, prescribe a lower dose of the opioid and titrate based upon clinical response.Monitor patients receiving concurrent therapy for unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, or unresponsiveness.

Brintellix & Plavix — MODERATE

Selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors and agents that affect coagulation should be used concurrently with caution.If concurrent therapy is warranted, monitor patients receiving concurrent therapy for signs of blood loss, including decreased hemoglobin, hematocrit, fecal occult blood, and/or decreased blood pressure and promptly evaluate patients with any symptoms.When applicable, perform agent-specific laboratory test (e.g. INR, aPTT) to monitor efficacy and safety of anticoagulation. Discontinue anticoagulation in patients with active pathologic bleeding.Instruct patients to report any signs and symptoms of bleeding, such as unusual bleeding from the gums or nose; unusual bruising; red or black, tarry stools; red, pink or dark brown urine; acute abdominal or joint pain and/or swelling.

Abilify & Cymbalta — MODERATE

The manufacturer of aripiprazole immediate release oral and injection dose forms states that for patients receiving concurrent therapy with drug combinations which lead to inhibition of both CYP2D6 and CYP3A4, the aripiprazole dose may be adjusted to one-quarter of the usual dose initially, then adjusted based on clinical response.Patients receiving concurrent therapy with aripiprazole and duloxetine should be monitored for increased effects of aripiprazole.

Unrecognized Medications: *None*

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Highly elevated risk for indicated condition or adverse drug reaction. Medication can be prescribed with monitoring; alternative therapy may be needed.

Moderately elevated risk for indicated condition or adverse drug reaction. Medication can be prescribed with monitoring; therapy adjustment may be needed.

Typical risk for indicated condition or adverse drug reaction. Medication can be prescribed according to standard dosing guidelines.

MODERATE Drug interactions of moderate severity. The clinician should assess the patient's characteristics and take action as needed.

SERIOUS Severe drug interaction or contraindicated drug combination which may produces serious consequences in most patients. This drug combination generally should not be dispensed or administered to the same patient. Action is required to reduce risk of severe adverse interaction.