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CONFIDENTIAL

Demo Report

Report Issued 01/29/2008 14:04

Patient Name 1130B-POS
Patient ID 1130B-POS
Chain 06007716
Age Not Given **Gender** Not Given

88888
IS TESTING ACCOUNT
Attn: IS Department
3701 Welsh Road
Willow Grove, PA 19090

Workorder 06007716

Received 06/16/2006 13:19

Sample ID 06007716-001
Matrix Blood
Patient Name 1130B-POS
Patient ID 1130B-POS
Container Type Clear vial

Collect Dt/Tm Not Given
Source Not Given

Approx Vol/Weight Not Given

Receipt Notes None Entered

Analysis and Comments	Result	Units	Reporting Limit	Notes
1130B Chloroform, Blood				
Analysis by Gas Chromatography (GC)				
Chloroform	5000	mcg/mL	0.050	ELEVATED
Toxic: Greater than 70 mcg/mL.				