

Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108

EXAMPLE, REPORT W WX000003826 F 12/05/1988 35 Y

| Referral Testing | | | | | | |
|---|---------------------------|----------------|---------------|------------|--------------|-------|
| | Collect | ed: 03/18/2024 | 4 15:06 | Received | : 03/18/2024 | 15:06 |
| Test Name | Result | Flag | Ref-Range | s | Units | Site |
| | | | | - | | |
| Venlafaxine and Metabolite, Serum | or Plasma | | | | | |
| Venlafaxine Serum/Plasma | 153.0 | | | | ng/mL | ARRL |
| O-Desmethylvenlafaxine S/P | 283.6 | | | | ng/mL | ARRL |
| Total Venlafaxine and Metabolite S/P | 436.6 | Н | 195.0 - 400 | 0.00 | ng/mL | ARRL |
| INTERPRETIVE INFORMATION: Ver | nlafaxine and M Plasma | etabolite, | Serum | | | |
| Therapeutic range (Venlafaxine and o-Desmethylvenlafaxine) | | | | | | |
| | | | | | | |
| Toxic range (Venlafaxine and o-Desmethylvenlafaxine) | | | | | | |
| Grea | ter than or equ | al to 800 n | g/mL | | | |
| The therapeutic range is based on serum pre-dose (trough) | | | | | | |
| draw at steady-state concentration. Adverse effects to | | | | | | |
| venlafaxine therapy may include nausea, vomiting, dizziness, tremor and blurred vision. | | | | | | |
| dizziness, tremor and blurred | a vision. | | | | | |
| This test was developed and its performance characteristics | | | | | | |
| determined by ARUP Laboratories. It has not been cleared or | | | | | | |
| approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is | | | | | | |
| intended for clinical purposes. | | | | | | |
| Performed By: ARUP Laborator: | ies | | | | | |
| 500 Chipeta Way | | | | | | |
| Salt Lake City, UT 84108 Laboratory Director: Jonatha | P Conton MD | DhD | | | | |
| CLIA Number: 46D0523979 | m K. Genzen, MD | , EIID | | | | |
| | | | | | | |
| | | Rep | orted Date: (| 03/18/2024 | 15:06 V | ENM |

Performing Site: ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

F918000040 WX000003826 Printed D&T: 03/18/24 15:06 Ordered By: KAJAL SITWALA, MD, PhD WX000000002353

Kajal V. Sitwala, MD, PhD - Medical Director Form: MM RL1 PAGE 1 OF 1