

Update Summary		
New Test Activation	7/28/2026	HCHLB - "Hydroxychloroquine, Blood"
New Test Activation	7/28/2026	PT18Q - "Quest AD-Detect Phosphorylated tau181, Plasma"
New Test Activation	7/28/2026	PT217 - "Phospho-Tau 217, Plasma"
Update Existing Test	7/20/2026	CYGAB - "Cysticercus Ab"
Update Existing Test	8/3/2026	GHBSP - "Gamma-Hydroxybutyric Acid (GHB) with Reflex to Confirm, Ser"
Update Existing Test	8/3/2026	GHBUR - "Gamma-Hydroxybutyric Acid (GHB) with Reflex to Confirm, Ur"
Update Existing Test	6/1/2026	INHNA - "INHIBIN-A"
Update Existing Test	6/1/2026	MAFP1 - "MSAFP (AFP Single Marker - NTD only)"
Update Existing Test	7/13/2026	MIRTZ - "Mirtazapine (Remeron), Serum/Plasma"
Update Existing Test	6/1/2026	QUAD1 - "QUAD Screen"
Update Existing Test	6/19/2026	TFTLC - "Testosterone, Free (Dialysis) and Total, LC/MS/MS"
Update Existing Test	7/22/2026	VEDOZ - "Vedolizumab QN with Antibodies, Serum"
Update Existing Test	7/20/2026	VK - "Vitamin K"
Inactivate Test With Replacement	6/1/2026	ASPCF - "Aspergillus Ab by CF" replaced by ASGCF - "Aspergillus Antibody Panel, CF and ID, Serum"
Inactivate Test With Replacement	6/19/2026	HIVA - "HIV Ag/Ab 5th Gen (Diag)" replaced by HIV4G - "HIV 1/2 Antigen/Antibody, Fourth Gen with Reflex"
Inactivate Test With Replacement	6/19/2026	HIVS - "HIV Ag/Ab 5th Gen (Screen)" replaced by HIV4G - "HIV 1/2 Antigen/Antibody, Fourth Gen with Reflex"
Inactivate Test With Replacement	7/28/2026	KRBC - "Potassium - RBC" replaced by RBCK - "Potassium - Total, RBCs"
Inactivate Test With Replacement	8/3/2026	USC22 - "Synthetic Cannabinoid Metabolites - Expanded (Qual)" replaced by SCMU - "Synthetic Cannabinoid Metabolites-Expanded (Qual), Urine"

New Test Activation			
Effective Date	7/28/2026		
Name	Hydroxychloroquine, Blood		
Code	HCHLB		
CPT Code(s)	80220		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Lavender EDTA <i>Specimen Preparation:</i> Send 1.0 mL whole blood refrigerated in original collection tube. <i>Minimum Volume:</i> 0.2 mL <i>Transport Temperature:</i> Refrigerated		
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen (-20 °C): 30 days		
Performing Information			
Methodology	High Performance Liquid Chromatography/Tandem Mass Spectrometry		
Reference Range	None Detected		
Performed Days	Varies		
Turnaround Time	5 - 9 days		
Performing Laboratory	NMS Labs		
Interface Information			
Legacy Code	HCHLB		
Interface Order Code	3300447		
Result Code	Name	LOINC Code	AOE/Prompt
3300447	Hydroxychloroquine, Blood	95921-3	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 06/19/2026 10:59 Received: 06/19/2026 10:59

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Hydroxychloroquine, Blood, None Detected, ng/mL, NMRL

Reporting Limit: 100 ng/mL
Synonym(s): Plaquenil(R); Oxychloroquine
Peak plasma concentrations of 410 +/- 130 ng/mL were achieved 2.4 hours after a single oral dose of 400 mg Hydroxychloroquine (n = 6).
Two cases of Hydroxychloroquine overdose (20 g each) were successfully treated throughout cardiovascular collapse and had serum concentrations of 14000 and 26000 ng/mL.
The blood to serum or plasma ratio is unknown.
Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)
This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.
Digital data review may have taken place remotely by qualified NMS staff utilizing a secure VPN connection for some or all of the reported results. This is in accordance with and follows CLIA regulations.

Testing performed at NMS Labs, Inc.
200 Welsh Road
Horsham, PA 19044-2208
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director
CLIA 39D0197898

Reported Date: 06/19/2026 10:59 HCHLB

Performing Site:
NMRL: NMS Labs 200 Welsh Road Horsham PA 19044

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

F019000001 Ordered By: CLIENT CLIENT
WX0000000158 WX00000000000260
Printed D&T: 06/19/26 11:00

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

New Test Activation			
Effective Date	7/28/2026		
Name	Quest AD-Detect Phosphorylated tau181, Plasma		
Code	PT18Q		
CPT Code(s)	84393		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<p><i>Patient Preparation:</i> Dietary supplements containing biotin may interfere in assays and may skew results to be either falsely high or falsely low. For patients receiving the recommended daily doses of biotin, draw samples at least 8 hours following the last biotin supplementation. For patients on mega-doses of biotin supplements, draw samples at least 72 hours following the last biotin supplementation.</p> <p><i>Collect:</i> Lavender EDTA</p> <p><i>Specimen Preparation:</i> Centrifuge, separate plasma from cells and send 1.0 mL plasma in a screw capped plastic vial.</p> <p><i>Minimum Volume:</i> 0.5 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>		
Rejection Criteria	Hemolysis		
Stability	Room temperature: 14 days Refrigerated: 22 days Frozen: 22 days		
Performing Information			
Methodology	Electrochemiluminescence (ECLIA)		
Reference Range	≤0.72 pg/mL		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	PT18Q		
Interface Order Code	3401179		
Result Code	Name	LOINC Code	AOE/Prompt
3401179	Quest AD-Detect Phosphorylated tau181, Plasma	103675-5	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 06/19/2026 11:01 Received: 06/19/2026 11:01

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Quest AD-Detect Phosphorylated tau181, Plasma, 0.55, pg/mL, QCRL

Reference Range:
< OR = 0.72

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042

I Maramica MD, PhD, MBA

Reported Date: 06/19/2026 11:01 PT18Q

Performing Site:

QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675

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

F019000002
WX0000000158
Printed D&T: 06/19/26 11:01
Ordered By: CLIENT CLIENT
WX00000000000260

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

New Test Activation			
Effective Date	7/28/2026		
Name	Phospho-Tau 217, Plasma		
Code	PT217		
CPT Code(s)	84393		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Lavender EDTA <i>Specimen Preparation:</i> Centrifuge and separate plasma from cells within 2 hours of collection. Send 1.0 mL plasma frozen in a screw capped plastic vial. <i>Minimum Volume:</i> 0.5 mL <i>Transport Temperature:</i> Frozen		
Rejection Criteria	Hemolyzed or icteric specimens		
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 14 days		
Performing Information			
Methodology	Qualitative Chemiluminescent Immunoassay (CLIA)		
Reference Range	Negative		
Performed Days	Varies		
Turnaround Time	3 - 11 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code	PT217		
Interface Order Code	3600576		
Result Code	Name	LOINC Code	AOE/Prompt
3600576	Phospho-Tau 217, Plasma	104663-0	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 06/19/2026 11:03 Received: 06/19/2026 11:03

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Phospho-Tau 217, Plasma, Negative, Negative, ARRL

Clinical Interpretation: The pTau217 concentration was <0.07 U/mL. A test result reported as negative is consistent with absence of amyloid deposition in brain as detected by amyloid PET scan.

INTERPRETIVE INFORMATION: pTau 217
The Phospho-Tau 217, Plasma test is intended for use in patients aged 60 years and older who present with cognitive impairment and who are being evaluated for Alzheimer's disease and other causes of cognitive decline.

Limitations: Plasma phospho-Tau 217 must be interpreted in conjunction with other patient clinical information. It is not intended to be used as a screening test or stand-alone diagnostic test and is not intended for therapeutic monitoring.

For complete description of the cutoffs and interpretive guidance please refer to: ltd.aruplab.com/Tests/Pub/3019017

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Reported Date: 06/19/2026 11:03 PT217

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

F019000003 Ordered By: CLIENT CLIENT
WX0000000158 WX00000000000260
Printed D&T: 06/19/26 11:03

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

Update Existing Test	
Effective Date	7/20/2026
Name	Cysticercus Ab
Code	CYGAB
Interface Order Code	3501145
Legacy Code	CYGAB
Notes	Update to reference range
Required Testing Changes	
Reference Range	<p>Less than or equal to 0.9 IV Negative: No significant level of cysticercosis IgG antibody detected.</p> <p>1.0 IV Equivocal: Recommend repeat testing in 2-4 weeks with fresh sample.</p> <p>Greater than or equal to 1.1 IV: Positive IgG antibody to cysticercosis detected, which may suggest current or past infection.</p>

Update Existing Test	
Effective Date	8/3/2026
Name	Gamma-Hydroxybutyric Acid (GHB) with Reflex to Confirm, Ser
Code	GHBSP
Interface Order Code	3300067
Legacy Code	GHBSP
Notes	Update to specimen required and methodology
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. Positive screens will reflex to confirmation.</p> <p><i>Minimum Volume:</i> 1.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
Methodology	GC-MS/MS

Update Existing Test	
Effective Date	8/3/2026
Name	Gamma-Hydroxybutyric Acid (GHB) with Reflex to Confirm, Ur
Code	GHBUR
Interface Order Code	3300071
Legacy Code	GHBUR
Notes	Update to specimen required and methodology
Required Testing Changes	
Specimen Required	<i>Collect:</i> Random urine <i>Specimen Preparation:</i> Send 2.0 mL urine in a sterile, screw capped plastic urine container. Positive screens will reflex to confirmations. <i>Minimum Volume:</i> 2.0 mL <i>Transport Temperature:</i> Refrigerated
Methodology	GC-MS/MS

Update Existing Test	
Effective Date	6/1/2026
Name	INHIBIN-A
Code	INHNA
Interface Order Code	3000893
Legacy Code	INHNA
Notes	Update to performed days and turnaround time
Required Testing Changes	
Performed Days	Monday, Wednesday, Friday
Turnaround Time	1 - 4 days

Update Existing Test	
Effective Date	6/1/2026
Name	MSAFP (AFP Single Marker - NTD only)
Code	MAFP1
Interface Order Code	3000355
Legacy Code	MAFP1
Notes	Update to performed days and turnaround time
Required Testing Changes	
Performed Days	Monday, Wednesday, Friday
Turnaround Time	1 - 4 days

Update Existing Test	
Effective Date	7/13/2026
Name	Mirtazapine (Remeron), Serum/Plasma
Code	MIRTZ
Interface Order Code	3505085
Legacy Code	MIRTAZNM
Notes	Update to CPT code, specimen required, and methodology
Required Testing Changes	
CPT Code(s)	80335
Specimen Required	<i>Collect:</i> Red Top <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 1.0 mL <i>Transport Temperature:</i> Refrigerated
Methodology	Liquid Chromatography/Tandem Mass Spectrometry

Update Existing Test	
Effective Date	6/1/2026
Name	QUAD Screen
Code	QUAD1
Interface Order Code	3000356
Legacy Code	QUAD1
Notes	Update to performed days and turnaround time
Required Testing Changes	
Performed Days	Monday, Wednesday, Friday
Turnaround Time	1 - 4 days

Update Existing Test	
Effective Date	6/19/2026
Name	Testosterone, Free (Dialysis) and Total, LC/MS/MS
Code	TFTLC
Interface Order Code	3723600
Legacy Code	TFTLC
Notes	Update to specimen required, alternate specimen, and rejection criteria
Required Testing Changes	
Specimen Required	<p>Collect: Red top</p> <p>Specimen Preparation: Allow blood to clot at room temperature, centrifuge, remove serum from cells and send 1.8 mL serum in a screw capped plastic vial.</p> <p>Minimum Volume: 0.9 mL</p> <p>Transport Temperature: Refrigerated</p>
Alternate Specimen	<p>Plasma: Sodium or lithium heparin</p> <p>Serum separator tube (SST)</p>
Rejection Criteria	Gross hemolysis, gross lipemia

Update Existing Test	
Effective Date	7/22/2026
Name	Vedolizumab QN with Antibodies, Serum
Code	VEDOZ
Interface Order Code	3800094
Legacy Code	VEDOZ
Notes	Update to reference range
Required Testing Changes	
Reference Range	<p>VEDOLIZUMAB QUANTITATION:</p> <p>Vedolizumab lower limit of quantitation = 1.0 mcg/mL</p> <p>VEDOLIZUMAB ANTIBODIES:</p> <p>Antibodies to vedolizumab: <9.8 ng/mL</p> <p>Absence of antibodies to vedolizumab is defined as <9.8 ng/mL</p> <p>Presence of ATV is reported as positive when concentrations are > or = 9.8 ng/mL</p>

Update Existing Test	
Effective Date	7/20/2026
Name	Vitamin K
Code	VK
Interface Order Code	3420980
Legacy Code	VKQ
Notes	Update to rejection criteria
Required Testing Changes	
Rejection Criteria	Hemolysis, lipemia

Inactivate Test With Replacement			
Effective Date	6/1/2026		
Inactivated Test			
Name	Aspergillus Ab by CF		
Code	ASPCF		
Legacy Code	ASPABCFARP		
Interface Order Code	3680160		
Replacement Test			
Name	Aspergillus Antibody Panel, CF and ID, Serum		
Code	ASGCF		
CPT Code(s)	86606 x 4		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw capped plastic vial. <i>Minimum Volume:</i> 0.7 mL <i>Transport Temperature:</i> Refrigerated		
Alternate Specimen	Serum: Red Top		
Rejection Criteria	Gross hemolysis, grossly lipemic, grossly icteric		
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Complement Fixation (CF), Immunodiffusion (ID)		
Reference Range	See Report		
Performed Days	Monday, Wednesday, Friday, Saturday		
Turnaround Time	5- 8 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	ASGCF		
Interface Order Code	3401173		
Result Code	Name	LOINC Code	AOE/Prompt
3401174	Aspergillus Ab, CF, Serum	5053-4	No
3401176	Aspergillus flavus	23820-4	No
3401177	Aspergillus niger	10894-4	No
3401178	Aspergillus fumigatus		No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 06/19/2026 10:57 Received: 06/19/2026 10:57

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Aspergillus Antibody Panel, CF and ID, Serum; Aspergillus Ab, CF, Serum; <1:8; QCR

REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:

<1:8 Antibody not detected
> or = 1:8 Antibody detected

Single titers of > or = 1:32 are indicative of recent infection. Titers of 1:8 or 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. Sensitivity of the CF test for aspergillosis is lower than that of the immunodiffusion test. Crossreactions may occur in patients with histoplasmosis and coccidioidomycosis.

Test Performed at:

Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD CLIA
05D0643352

Table with 3 columns: Test Name, Result, Site. Rows: Aspergillus flavus (NEGATIVE, QCR), Aspergillus niger (NEGATIVE, QCR), Aspergillus fumigatus (NEGATIVE, QCR)

REFERENCE RANGE: NEGATIVE

INTERPRETIVE CRITERIA:

NEGATIVE: ANTIBODY NOT DETECTED
POSITIVE: ANTIBODY DETECTED

A positive result is represented by 1 or more precipitin bands, and may indicate fungus ball, allergic bronchopulmonary aspergillosis (ABA) or invasive aspergillosis. Generally, the appearance of 3-4 bands indicates either fungus ball or ABA.

Test Performed at:

Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD CLIA
05D0643352

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



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 06/19/2026 10:57 Received: 06/19/2026 10:57

Test Name Result Flag Ref-Ranges Units Site
Reported Date: 06/19/2026 10:57 ASGCF

Performing Site:

QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675

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

F019000000
WX0000000237
Printed D&T: 06/19/26 10:57
Ordered By: CLIENT CLIENT
WX00000000000511

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
PAGE 2 OF 2

Inactivate Test With Replacement			
Effective Date	6/19/2026		
Inactivated Test			
Name	HIV Ag/Ab 5th Gen (Diag)		
Code	HIVA		
Legacy Code	HIV1/2/A		
Interface Order Code	3010685		
Replacement Test			
Name	HIV 1/2 Antigen/Antibody, Fourth Gen with Reflex		
Code	HIV4G		
CPT Code(s)	87389, plus 86701, 86702 if reflexed to Differentiation; plus 87535, 87538 if reflexed to PCR at additional charges		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Red top <i>Specimen Preparation:</i> Allow sample to clot. Centrifuge, separate serum from cells after clotting. Send 3.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 2.0 mL <i>Transport Temperature:</i> Refrigerated		
Alternate Specimen	Serum separator tube (SST) Plasma: Lavender EDTA		
Rejection Criteria	Gross hemolysis		
Stability	Room temperature: 72 hours Refrigerated: 5 days Frozen: 30 days		
Performing Information			
Methodology	Immunoassay		
Reference Range	HIV Final Interpretation: See report HIV Ag/Ab, 4th Gen: Non-Reactive		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 6 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	HIV4G		
Interface Order Code	3401163		
Result Code	Name	LOINC Code	AOE/Prompt
3401164	HIV Final Interpretation	56888-1	No
3401166	HIV Ag/Ab, Screen	56888-1	No
3401167	HIV1 Antibody	68961-2	No
3401168	HIV2 Antibody	81641-3	No
3401169	HIV 1 RNA, QL RT PCR	25835-0	No
3401171	HIV 2 RNA, QL RT PCR	69353-1	No

Inactivate Test With Replacement			
Effective Date	6/19/2026		
Inactivated Test			
Name	HIV Ag/Ab 5th Gen (Screen)		
Code	HIVS		
Legacy Code	HIV1/2/AS		
Interface Order Code	3010665		
Replacement Test			
Name	HIV 1/2 Antigen/Antibody, Fourth Gen with Reflex		
Code	HIV4G		
CPT Code(s)	87389, plus 86701, 86702 if reflexed to Differentiation; plus 87535, 87538 if reflexed to PCR at additional charges		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Red top <i>Specimen Preparation:</i> Allow sample to clot. Centrifuge, separate serum from cells after clotting. Send 3.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 2.0 mL <i>Transport Temperature:</i> Refrigerated		
Alternate Specimen	Serum separator tube (SST) Plasma: Lavender EDTA		
Rejection Criteria	Gross hemolysis		
Stability	Room temperature: 72 hours Refrigerated: 5 days Frozen: 30 days		
Performing Information			
Methodology	Immunoassay		
Reference Range	HIV Final Interpretation: See report HIV Ag/Ab, 4th Gen: Non-Reactive		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 6 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	HIV4G		
Interface Order Code	3401163		
Result Code	Name	LOINC Code	AOE/Prompt
3401164	HIV Final Interpretation	56888-1	No
3401166	HIV Ag/Ab, Screen	56888-1	No
3401167	HIV1 Antibody	68961-2	No
3401168	HIV2 Antibody	81641-3	No
3401169	HIV 1 RNA, QL RT PCR	25835-0	No
3401171	HIV 2 RNA, QL RT PCR	69353-1	No

Inactivate Test With Replacement			
Effective Date	7/28/2026		
Inactivated Test			
Name	Potassium - RBC		
Code	KRBC		
Legacy Code	POTR		
Interface Order Code	3718600		
Replacement Test			
Name	Potassium - Total, RBCs		
Code	RBCK		
CPT Code(s)	84132		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Dark Green sodium heparin <i>Specimen Preparation:</i> Centrifuge and separate plasma within 2 hours. Send 1.0 mL RBCs in the original container and replace stopper. <i>Minimum Volume:</i> 0.3 mL <i>Transport Temperature:</i> Refrigerated		
Alternate Specimen	Dark Green lithium heparin		
Rejection Criteria	Room temperature, Frozen, ACD, sodium citrate, light green lithium heparin, EDTA, K2EDTA, sodium fluoride/potassium oxalate.		
Stability	Room temperature: Unacceptable Refrigerated: 30 days Frozen: Unacceptable		
Performing Information			
Methodology	Inductively Coupled Plasma/Mass Spectrometry (ICP/MS)		
Reference Range	None Detected		
Performed Days	Varies		
Turnaround Time	6 - 10 days		
Performing Laboratory	NMS Labs		
Interface Information			
Legacy Code	RBCK		
Interface Order Code	3300448		
Result Code	Name	LOINC Code	AOE/Prompt
3300448	Potassium - Total, RBCs	82722-0	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 06/19/2026 11:12 Received: 06/19/2026 11:12

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Potassium - Total, RBCs, None Detected, mEq/L, NMRL

Reporting Limit: 2.2 mEq/L
NMS Labs derived data for 2.5th - 97.5th percentile range is 82-100 mEq/L (n=541).
The RBC sample used for analysis was measured by weight and multiplied by the density of human RBC (1.10 g/mL) to obtain mEq/L units.
Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS)
Specimens for elemental testing should be collected in certified metal-free containers. Elevated results for elemental testing may be caused by environmental contamination at the time of specimen collection and should be interpreted accordingly. It is recommended that unexpected elevated results be verified by testing another specimen in a trace metal free container.
This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.
Digital data review may have taken place remotely by qualified NMS staff utilizing a secure VPN connection for some or all of the reported results. This is in accordance with and follows CLIA regulations.

Testing performed at NMS Labs, Inc.
200 Welsh Road
Horsham, PA 19044-2208
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director
CLIA 39D0197898

Reported Date: 06/19/2026 11:12 RBCK

Performing Site:
NMRL: NMS Labs 200 Welsh Road Horsham PA 19044

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

Inactivate Test With Replacement			
Effective Date	8/3/2026		
Inactivated Test			
Name	Synthetic Cannabinoid Metabolites - Expanded (Qual)		
Code	USC22		
Legacy Code	USC22		
Interface Order Code	3300301		
Replacement Test			
Name	Synthetic Cannabinoid Metabolites-Expanded (Qual), Urine		
Code	SCMU		
CPT Code(s)	80352 (G0480)		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Random Urine <i>Specimen Preparation:</i> Send 3.0 mL random urine in a screw capped plastic container. <i>Minimum Volume:</i> 1.2 mL <i>Transport Temperature:</i> Refrigerated		
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen: 6 months		
Performing Information			
Methodology	High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	10 - 12 days		
Performing Laboratory	NMS Labs		
Interface Information			
Legacy Code	SCMU		
Interface Order Code	3300449		
Result Code	Name	LOINC Code	AOE/Prompt
3300451	MDMB-4en-PINACA 3,3-Dimethylbutanoic Acid		No
3300452	MDMB-BUTINACA 3,3-Dimethylbutanoic Acid		No
3300453	5-fluoro-MDMB-PINACA 3,3-dimethylbutanoic Acid		No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 06/19/2026 11:06 Received: 06/19/2026 11:06

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Synthetic Cannabinoid Metabolites-Expanded (Qual), Urine; MDMB-4en-PINACA 3,3-Dimethylbutanoic Acid; None Detected; ng/mL; NMRL

Reporting Limit: 0.10 ng/mL
Synonym(s): MDMB-4en-PINACA 3,3-dimethylbutanoic acid;
MDMB-PENINACA butanoic acid
MDMB-4en-PINACA 3,3-dimethylbutanoic acid
(ADB-4en-PINACA 3,3-dimethylbutanoic acid) is a known
metabolite of MDMB-4en-PINACA and ADB-4en-PINACA. It
may also be a metabolite of other synthetic
cannabinoids with similar structures.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: MDMB-BUTINACA 3,3-Dimethylbutanoic Acid; None Detected; ng/mL; NMRL

Reporting Limit: 0.10 ng/mL
Synonym(s): ADB-BUTINACA 3,3-dimethylbutanoic acid
metabolite; MDMB-BINACA 3,3-dimethylbutanoic acid
metabolite
Comment:
Substance(s) known to interfere with the identity
and/or quantity of the reported result: Ibuprofen
MDMB-BUTINACA 3,3-dimethylbutanoic acid (MDMB-BINACA
3,3-dimethylbutanoic acid) is a known metabolite of
MDMB-BUTINACA (MDMB-BINACA) and ADB-BUTINACA. It may
also be a metabolite of other synthetic cannabinoids
with similar structures.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: 5-fluoro-MDMB-PINACA 3,3-dimethylbutanoic Acid; None Detected; ng/mL; NMRL

Reporting Limit: 0.10 ng/mL
Synonym(s): 5-fluoro ADB metabolite 7; 5-fluoro
ADB-M7; 5-fluoro MDMB-PINACA metabolite 7
5-fluoro-MDMB-PINACA 3,3-dimethylbutanoic acid (5F-ADB
3,3-dimethyl-butanoic acid) is a known metabolite of
5-fluoro-MDMB-PINACA (5F-ADB) and
5-fluoro-EDMB-PINACA. It may also be a metabolite of
other synthetic cannabinoids with similar structures.
Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS)
This test was developed and its performance
characteristics determined by NMS Labs. It has not
been cleared or approved by the US Food and Drug

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



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 06/19/2026 11:06 Received: 06/19/2026 11:06

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Content includes 'Administration.' and 'Testing performed at NMS Labs, Inc.'

Reported Date: 06/19/2026 11:06 SCMU

Performing Site:
NMRL: NMS Labs 200 Welsh Road Horsham PA 19044

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

F019000004 Ordered By: CLIENT CLIENT
WX0000000158 WX00000000000260
Printed D&T: 06/19/26 11:06

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
PAGE 2 OF 2