



September 27, 2007

Dear Valued Client:

In our continuing effort to provide you with the highest quality toxicology laboratory services available, we have compiled the enclosed packet of important changes regarding a number of tests we perform. Listed below are the types of changes included in this packet.

| Type of Change | Explanation |
|-------------------|--|
| Test Changes | Tests that have had changes to their method/CPT code, units of measurement, scope of analysis or specimen requirements |
| Reference Comment | Tests that have had changes to the reference comment |

Please be advised that the new tests listed are available immediately. All other changes listed in this packet will go into effect on **January 07, 2008**. Please use this packet of information to update your computer systems/records. These changes are important to ensure standardization of our mutual laboratory databases.

If you have any questions about the information contained in this packet, please call our Client Support Department at (866) 522-2206. Thank you for your continued support of NMS Labs and your assistance in implementing these changes.

Sincerely,

NMS Labs

Database Changes - Summary

| Test Code | Test Name | New Test | Method | Units | Scope | Specimen Reqs | Discontinued | Reference Comment | Misc. |
|-----------|---|----------|--------|-------|-------|---------------|--------------|-------------------|-------|
| 0200SP | Alfentanil, Serum/Plasma | | | | | . | | | |
| 0408B | Antihistamines Panel, Blood | | . | | | | | | |
| 0408SP | Antihistamines Panel, Serum/Plasma | | . | | | | | | |
| 0408U | Antihistamines Panel, Urine | | . | | | | | | |
| 1760B | Diphenhydramine, Blood | | . | | | | | | |
| 1760FL | Diphenhydramine, Fluid | | . | | | | | | |
| 1760SP | Diphenhydramine, Serum/Plasma | | . | | | | | | |
| 1760TI | Diphenhydramine, Tissue | | . | | | | | | |
| 1760U | Diphenhydramine, Urine | | . | | | | | | |
| 3320B | Paramethadione, Blood | | | | . | | | | . |
| 3320SP | Paramethadione, Serum/Plasma | | | | . | | | | . |
| 3320U | Paramethadione, Urine | | | | . | | | | . |
| 3370F | PCBs Panel, Fat | | | | | | | . | |
| 3400B | Pentazocine, Blood | | . | | | | | | |
| 3400FL | Pentazocine, Fluid | | . | | | | | | |
| 3400SP | Pentazocine, Serum/Plasma | | . | | | | | | |
| 3400U | Pentazocine, Urine | | . | | | | | | |
| 4240SP | Sulfentanil, Serum/Plasma | | | | | . | | | |
| 5414B | Fentanyl Analogues and Metabolites Confirmation, Blood | | | | | . | | | |
| 5414SP | Fentanyl Analogues and Metabolites Confirmation, Serum/Plasma | | | | | . | | | |
| 5545U | Phenothiazines Confirmation, Urine | | . | | | | | | |
| 5578B | Pyrilamine Confirmation, Blood | | | | | | | . | |
| 5578SP | Pyrilamine Confirmation, Serum/Plasma | | | | | | | . | |
| 5579SP | Sufentanil Confirmation, Serum/Plasma | | | | | . | | | |
| 5596B | Thebaine Confirmation, Blood | | | | | | | . | |
| 5659SP | Alfentanil Confirmation, Serum/Plasma | | | | | . | | | |
| 9103SP | Alfentanil Screen, Serum/Plasma | | | | | . | | | |
| 9108SP | Antihistamines Screen, Serum/Plasma | | . | | | | | | |
| 9108U | Antihistamines Screen, Urine | | . | | | | | | |
| 9157B | Diphenhydramine Screen, Blood | | . | | | | | | |
| 9157SP | Diphenhydramine Screen, Serum/Plasma | | . | | | | | | |
| 9157U | Diphenhydramine Screen, Urine | | . | | | | | | |
| 9185B | Fentanyl Analogues and Metabolites Screen, Blood | | | | | . | | | |
| 9185SP | Fentanyl Analogues and Metabolites Screen, Serum/Plasma | | | | | . | | | |
| 9251B | Pyrilamine Screen, Blood | | | | | | | . | |
| 9251SP | Pyrilamine Screen, Serum/Plasma | | | | | | | . | |
| 9264SP | Sufentanil Screen, Serum/Plasma | | | | | . | | | |
| 9272B | Thebaine Screen, Blood | | | | | | | . | |
| 9420SP | Phenothiazines Screen, Serum/Plasma | | . | | | | | | |
| 9420U | Phenothiazines Screen, Urine | | . | | | | | | |

Changes effective:
January 7, 2008

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code, Units of Measurement, Scope of Analysis and Specimen Requirements

| Test Code | Test Name | Units | Method / CPT Code |
|---------------|---|-------|-------------------|
| 0200SP | Alfentanil, Serum/Plasma | | |
| | Specimen Requirements: 8 mL Serum or Plasma | | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | |
| 9103SP | Alfentanil Screen, Serum/Plasma | | |
| | Specimen Requirements: 10 mL Serum or Plasma | | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | |
| 5659SP | Alfentanil Confirmation, Serum/Plasma | | |
| | Specimen Requirements: 8 mL Serum or Plasma | | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | |
| 0408B | Antihistamines Panel, Blood | | |
| | Pheniramine | ng/mL | |
| | Diphenhydramine | ng/mL | |
| | Orphenadrine | ng/mL | |
| | Doxylamine | ng/mL | |
| | Chlorpheniramine | ng/mL | |
| | Tripeleennamine | ng/mL | |
| | Methapyrilene | ng/mL | |
| | Carbinoxamine | ng/mL | GC (82492) |
| | Brompheniramine | ng/mL | |
| | Bromodiphenhydramine | ng/mL | |
| | Chlorcyclizine | ng/mL | |
| | Pyrilamine | ng/mL | |
| | Promethazine | ng/mL | |
| | Triprolidine | ng/mL | |
| | Azatadine | ng/mL | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |

Changes effective:
January 7, 2008

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code, Units of Measurement, Scope of Analysis and Specimen Requirements

| Test Code | Test Name | Units | Method / CPT Code |
|-----------|--|-------|-------------------|
| 0408SP | Antihistamines Panel, Serum/Plasma | | |
| | Pheniramine | ng/mL | |
| | Diphenhydramine | ng/mL | |
| | Orphenadrine | ng/mL | |
| | Doxylamine | ng/mL | |
| | Chlorpheniramine | ng/mL | |
| | Tripelennamine | ng/mL | |
| | Methapyrilene | ng/mL | |
| | Carbinoxamine | ng/mL | GC (82492) |
| | Brompheniramine | ng/mL | |
| | Bromodiphenhydramine | ng/mL | |
| | Chlorcyclizine | ng/mL | |
| | Pyrilamine | ng/mL | |
| | Promethazine | ng/mL | |
| | Triprolidine | ng/mL | |
| | Azatadine | ng/mL | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |
| 0408U | Antihistamines Panel, Urine | | |
| | Pheniramine | ng/mL | |
| | Diphenhydramine | ng/mL | |
| | Orphenadrine | ng/mL | |
| | Doxylamine | ng/mL | |
| | Chlorpheniramine | ng/mL | |
| | Tripelennamine | ng/mL | |
| | Methapyrilene | ng/mL | |
| | Carbinoxamine | ng/mL | GC (82492) |
| | Brompheniramine | ng/mL | |
| | Bromodiphenhydramine | ng/mL | |
| | Chlorcyclizine | ng/mL | |
| | Pyrilamine | ng/mL | |
| | Promethazine | ng/mL | |
| | Triprolidine | ng/mL | |
| | Azatadine | ng/mL | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |

Changes effective:
January 7, 2008

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code, Units of Measurement, Scope of Analysis and Specimen Requirements

| Test Code | Test Name | Units | Method / CPT Code |
|------------------|--|--------------|--------------------------|
| 9108SP | Antihistamines Screen, Serum/Plasma | | |
| | Pheniramine | ng/mL | |
| | Diphenhydramine | ng/mL | |
| | Orphenadrine | ng/mL | |
| | Doxylamine | ng/mL | |
| | Chlorpheniramine | ng/mL | |
| | Tripelennamine | ng/mL | |
| | Methapyrilene | ng/mL | |
| | Carbinoxamine | ng/mL | GC (82492) |
| | Brompheniramine | ng/mL | |
| | Bromodiphenhydramine | ng/mL | |
| | Chlorcyclizine | ng/mL | |
| | Pyrilamine | ng/mL | |
| | Promethazine | ng/mL | |
| | Tripolidine | ng/mL | |
| | Azatadine | ng/mL | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |
| 9108U | Antihistamines Screen, Urine | | |
| | Pheniramine | ng/mL | |
| | Diphenhydramine | ng/mL | |
| | Orphenadrine | ng/mL | |
| | Doxylamine | ng/mL | |
| | Chlorpheniramine | ng/mL | |
| | Tripelennamine | ng/mL | |
| | Methapyrilene | ng/mL | |
| | Carbinoxamine | ng/mL | GC (82492) |
| | Brompheniramine | ng/mL | |
| | Bromodiphenhydramine | ng/mL | |
| | Chlorcyclizine | ng/mL | |
| | Pyrilamine | ng/mL | |
| | Promethazine | ng/mL | |
| | Tripolidine | ng/mL | |
| | Azatadine | ng/mL | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |
| 1760B | Diphenhydramine, Blood | | |
| | Diphenhydramine | ng/mL | GC (82491) |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |

Changes effective:
January 7, 2008

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code, Units of Measurement, Scope of Analysis and Specimen Requirements

| Test Code | Test Name | Units | Method / CPT Code |
|------------------|--|--------------|---------------------------|
| 1760FL | Diphenhydramine, Fluid Diphenhydramine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/mL | GC (82491) |
| 1760SP | Diphenhydramine, Serum/Plasma Diphenhydramine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/mL | GC (82491) |
| 1760TI | Diphenhydramine, Tissue Diphenhydramine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/g | GC (80103 + 82491) |
| 1760U | Diphenhydramine, Urine Diphenhydramine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/mL | GC (82491) |
| 9157B | Diphenhydramine Screen, Blood Diphenhydramine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/mL | GC (82491) |
| 9157SP | Diphenhydramine Screen, Serum/Plasma Diphenhydramine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/mL | GC (82491) |
| 9157U | Diphenhydramine Screen, Urine Diphenhydramine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/mL | GC (82491) |
| 9185B | Fentanyl Analogues and Metabolites Screen, Blood Specimen Requirements: 9 mL Blood Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | |

Changes effective:
January 7, 2008

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code, Units of Measurement, Scope of Analysis and Specimen Requirements

| Test Code | Test Name | Units | Method / CPT Code |
|------------------|--|--------------|--------------------------|
| 5414B | Fentanyl Analogues and Metabolites Confirmation, Blood Specimen Requirements: 5 mL Blood Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | |
| 9185SP | Fentanyl Analogues and Metabolites Screen, Serum/Plasma Specimen Requirements: 10 mL Serum/Plasma Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | |
| 5414SP | Fentanyl Analogues and Metabolites Confirmation, Serum/Plasma Specimen Requirements: 8 mL Serum/Plasma Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | |
| 3320B | Paramethadione, Blood Paramethadione Summary of Changes: For Quality Improvement purposes the following changes were made. Test Name was changed. Desmethylparamethadione was removed. | mcg/mL | GC (82492) |
| 3320SP | Paramethadione, Serum/Plasma Paramethadione Summary of Changes: For Quality Improvement purposes the following changes were made. Test Name was changed. Desmethylparamethadione was removed. | mcg/mL | GC (82492) |
| 3320U | Paramethadione, Urine Paramethadione Summary of Changes: For Quality Improvement purposes the following changes were made. Test Name was changed. Desmethylparamethadione was removed. | mcg/mL | GC (82492) |
| 3400B | Pentazocine, Blood Pentazocine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/mL | GC (83925) |
| 3400FL | Pentazocine, Fluid Pentazocine Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | ng/mL | GC (83925) |

Changes effective:
January 7, 2008

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code, Units of Measurement, Scope of Analysis and Specimen Requirements

| Test Code | Test Name | Units | Method / CPT Code |
|------------------|--|--------------|--------------------------|
| 3400SP | Pentazocine, Serum/Plasma | | |
| | Pentazocine | ng/mL | GC (83925) |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |
| 3400U | Pentazocine, Urine | | |
| | Pentazocine | ng/mL | GC (83925) |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |
| 9420SP | Phenothiazines Screen, Serum/Plasma | | |
| | Chlorpromazine | ng/mL | GC (84022) |
| | Fluphenazine Overdose | ng/mL | |
| | Mesoridazine | ng/mL | |
| | Methdilazine | ng/mL | |
| | Prochlorperazine | ng/mL | |
| | Promazine | ng/mL | |
| | Promethazine | ng/mL | |
| | Propiomazine | ng/mL | |
| | Thioridazine | ng/mL | |
| | Trifluoperazine | ng/mL | |
| | Triflupromazine | ng/mL | |
| | Trimeprazine | ng/mL | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |
| 9420U | Phenothiazines Screen, Urine | | |
| | Chlorpromazine | ng/mL | GC (84022) |
| | Fluphenazine Overdose | ng/mL | |
| | Mesoridazine | ng/mL | |
| | Methdilazine | ng/mL | |
| | Prochlorperazine | ng/mL | |
| | Promazine | ng/mL | |
| | Promethazine | ng/mL | |
| | Propiomazine | ng/mL | |
| | Thioridazine | ng/mL | |
| | Trifluoperazine | ng/mL | |
| | Triflupromazine | ng/mL | |
| | Trimeprazine | ng/mL | |
| | Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | |

Changes effective:
January 7, 2008

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



TEST CHANGES

Method/CPT Code, Units of Measurement, Scope of Analysis and Specimen Requirements

| Test Code | Test Name | Units | Method / CPT Code |
|--|--|-------|-------------------|
| 5545U | Phenothiazines Confirmation, Urine | | |
| | Chlorpromazine | ng/mL | GC/MS (80102) |
| | Fluphenazine Overdose | ng/mL | |
| | Mesoridazine | ng/mL | |
| | Methdilazine | ng/mL | |
| | Prochlorperazine | ng/mL | |
| | Promazine | ng/mL | |
| | Promethazine | ng/mL | |
| | Propiomazine | ng/mL | |
| | Thioridazine | ng/mL | |
| | Trifluoperazine | ng/mL | |
| | Triflupromazine | ng/mL | |
| Trimeprazine | ng/mL | | |
| Summary of Changes: For Quality Improvement purposes the following changes were made. Method was changed. | | | |
| 9264SP | Sufentanil Screen, Serum/Plasma | | |
| Specimen Requirements: 10 mL Serum/Plasma | | | |
| Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | | |
| 5579SP | Sufentanil Confirmation, Serum/Plasma | | |
| Specimen Requirements: 8 mL Serum/Plasma | | | |
| Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | | |
| 4240SP | Sufentanil, Serum/Plasma | | |
| Specimen Requirements: 8 mL Serum or Plasma | | | |
| Summary of Changes: For Quality Improvement purposes the following changes were made. Specimen Requirements (Requested Volume) was changed. | | | |

REFERENCE COMMENT CHANGES

| Test Code | Test Name / Compound | New Reference Comment |
|-----------|--|--|
| 3370F | PCBs Panel, Fat • PCBs | Based on Aroclor 1260. Normal (adipose tissue): Up to 1000 ppb. |
| 9251B | Pyrilamine Screen, Blood • Pyrilamine | No reference data available. |
| 9251SP | Pyrilamine Screen, Serum/Plasma • Pyrilamine | No reference data available. |
| 5578B | Pyrilamine Confirmation, Blood • Pyrilamine | No reference data available. |

Changes effective:
January 7, 2008

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com



REFERENCE COMMENT CHANGES

| Test Code | Test Name / Compound | New Reference Comment |
|------------------|---|------------------------------|
| 5578SP | Pyrilamine Confirmation, Serum/Plasma <ul style="list-style-type: none">• Pyrilamine | No reference data available. |
| 9272B | Thebaine Screen, Blood <ul style="list-style-type: none">• Thebaine | No reference data available. |
| 5596B | Thebaine Confirmation, Blood <ul style="list-style-type: none">• Thebaine | No reference data available. |