



NMS Labs

CONFIDENTIAL

200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Demo Report

Report Issued 11/13/2018 12:41
Last Report Issued 09/27/2018 14:35

88888
Clinical Example Report
Attn: IT Department
200 Welsh Road
Horsham, PA 19044-2208

Patient Name 8620B-POS
Patient ID 8620B-POS
Chain 18001424
Age Not Given DOB Not Given
Gender Not Given
Workorder 18001424
Received 09/25/2018 08:51

Sample ID 18001424-001
Matrix Blood
Patient Name 8620B-POS
Patient ID 8620B-POS
Container Type Clear vial

Collect Dt/Tm Not Given
Source Not Given

Approx Vol/Weight Not Given

Receipt Notes None Entered

Table with 5 columns: Analysis and Comments, Result, Units, Reporting Limit, Notes. Contains data for Butabarbital, Butalbital, and Amobarbital.

Results for sample 18001424-001 are continued on next page



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Sample ID 18001424-001
Matrix Blood
Patient Name 8620B-POS
Patient ID 8620B-POS

Collect Dt/Tm Not Given
Source Not Given

Analysis and Comments	Result	Units	Reporting Limit	Notes
<p>Following a single oral administration of 120 mg, serum concentrations peaked at about 1.8 mcg/mL at 2 hours, and declined slowly thereafter with a half-life of approximately 24 hours. Potentially toxic at plasma concentrations greater than 9 mcg/mL.</p>				
<p>Pentobarbital</p>	25	mcg/mL	0.20	
<p>Peak serum concentrations of 1.2 - 3.1 mcg/mL were produced 0.5 - 2.0 hours after a 100 mg oral dose and peak serum concentrations of 3 mcg/mL were produced 6 min. following a 100 mg IV dose. Potentially toxic at blood concentrations greater than 10 mcg/mL.</p>				
<p>Secobarbital</p>	25	mcg/mL	0.20	
<p>Synonym(s): Seconal®</p> <p>A 3.3 mg/kg oral dose (approx. 230 mg/70 kg) produced a mean peak blood concentration of 2.0 mcg/mL (range, 1.8 - 2.2 mcg/mL) at 3 hours, diminishing to 1.3 mcg/mL by 20 hours and 0.8 mcg/mL by 40 hours. Potentially toxic at blood concentrations greater than 8 mcg/mL.</p>				
<p>Phenobarbital</p>	25	mcg/mL	0.50	
<p>Synonym(s): Luminal®</p> <p>Serum/plasma concentrations of 10 - 30 mcg/mL are generally considered desirable when given as an anticonvulsant. A blood/plasma ratio of 0.81 has been reported.</p>				