

Testing for Better Health

CLIA Certified CAP Accredited

Clinical Laboratory

www.ClarityLabs.com

Clarity Labs Services

Clarity Labs is a state-of-the-art medical testing laboratory that provides testing services for the screening and diagnosis of various diseases and health conditions.



Toxicology

Medication Monitoring (PDMP)

Substance Abuse Programs

Forensic / Drug Court

Therapeutic Drug Monitoring

Employment

Blood

Chemistry/Special Chemistry

Hematology

Infectious Diseases

Women's Health

Cardiac Markers

Virology

Routine Allergy

7/20/2

Genetics

Pharmacogenetics

Cancer Genetics

HIV Genotyping

Molecular

Covid-19 PCR Testing

UTI

HPV

STD Panel

Respiratory Pathogen Panel

Gastric Pathogen Panel

Wound Cultures

We are certified under the federal government's Clinical Laboratory Improvement Amendments (CLIA) certified and accredited by the College of American Pathology (CAP). Clarity Labs strives to operate in compliance with all governmental regulations.

TESTING FOR BETTER HEALTH



Clarity Labs Specialties

At Clarity Labs, our commitment to laboratory science provides clients with access to industry-leading expertise, and the latest developments in medical diagnostic technology.

For more information, please visit: www.ClarityLabs.com

- Behavioral Health Facilities
- Endocrinologists
- Urologists
- Geriatric Care
- Gastroenterologists
- Hospital Systems
- Surgical Centers
- Functional Medicine
- Internal Medicine
- Family Practice
- Orthopedic Facilities
- OB-Gynecology
- Pain Management
- Pediatricians
- Private Practice
- Substance Abuse
- Urgent Care

Clarity Labs Partnerships

Our team is committed to providing timely and accurate answers for all laboratory questions, whether you're a medical provider, drug developer, hospital, or medical researcher.

When you need to make clear, confident health decisions, consider us your source.



Dedication to Innovation

With ongoing enhancements to IT systems, provider portals, and patient reports - Clarity Labs continually strives to provide the latest technology and information to the end-user; focusing on security and practicality.

Sample Toxicology Order Form



97 Mount Bethel Road I Warren, NJ 07059 P: 732-595-5414 I F: 732-595-5415 info@claritylabs.com I www.claritylabs.com CLIA # 3102140149

T32100

	Testing for	Better Hea	ltn	CL	.IA # 31D2	140149					
	ACCOUNT INFORMATION					PATIENT INFOR	MATIC	N			
						Last Name			Fire	st Name	
						D.O.B (MM/DD/YY)				Sex	
						Phone (Day)			(E)	vening)	
						Insured's Address Apt.					
						City			St	ate Zip	
										700	
	The ordering physician must sign his/her name constitutes as a certification, that with respect to tripayers that the testing is medically necessary and X	ests reimbursed by Me	dicare, Med	icaid, or of	ther third party	own, and that the specimen and on the label on the spe	is fresh o cimen sar	and free fromple is ac	m adultera curate. I aut	ecimen. I certify that the specimen on this for ion. I certify that the information provided on thorize Clarity Labs to release the results of thi ood the ABN printed on the backside of this for	this form s testing
*	Physician Signature		Da	te		X Datient Clanature				Date	
	THIS SECTION IS TO COMPLETI					Patient Signature SPECIMEN INFOR	MATI	ON		Dule	_
	VALIDATED RISK ASSESSMENT LOW REASON FOR TEST	MODERATE	Пнівн			Date Collected:/_		Tim	0: :	Collector:	
	New patient requires COT Patient side effect profile changes Patient liested positive for undisclosed substance	Substance Use I Unreliable parier	Disorder (SUD)	dical condition; Patient in to	on eatment program	Temperature read within 4		d is in ran	ge of 32.5	-37.7°C (90.5-100°F)	No
	Previous test revealed non-compliance to prescription Patient response to prescribed medication suddenly change	□ COT monitoring	test			ICD 10 CODES					
	Assess for possible drug-drug interactions The clinician must always document clear	r medical mason and neces	sity in progress	notes.		Please enter diagnosis code	e(s) in the	box			
5	3 INSURANCE INFORMATION	Client Bill	See Att	ached Ins	urance Forms	RECORD POINT-C)E CAE	DE DEC	IIITC 0	OPDER TESTS	
	Insured's Name (if different from Patient)				-					I, it will default to a Negative (-) result.	
	Primary Insurance Name & Plan / Workers	Comp. Carrier								vider: Yes No	
	Address (Insurance)						R	POC PO ESULTS RESU OS (+) NEG	C CONF.	POC PO RESULTS RES POS (+) NEG	OC CONF
	Policy ID #	Group/Plan/Book #				U12 MARIJUANA [THC] U13 COCAINE [COC]				U9 BARBITURATES [BAR]	
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ived by:				U23 OPIATES [OPI] U3 AMPHETAMINES [AMI		8 8		20 METHADONE [MTD]	318
4	ORDER TESTS	C Oral	Fluid (OI	_		U3 METHAMPHETAMINE U26 PHENCYCLIDINE [PCI	[MET]			25 OXYCODONE [OXY]	
	PRESUMPTIVE IMMUNOASSAYT		riulu (Oi	-)		U19 ECSTASY [MDMA]					5 5
	UDS OFDS Presumptive immuno		nly (Ur)* (0	OF)**							
	UDSC OFDSC Presumptive drug scre					FOR LAB USE ONLY	Υ			Date://	
	SVT Perform Specimen Vo					Received by:				Time: : AM PM	
	(JMH018), Creatinine, pH, Special CONFIRMATION TESTS BY DRUG		THE RESERVE OF THE PERSON NAMED IN		P, OPI, 0XY, PÓP, THC)		n class is	ordered	all individu	ual tests present in that drug class will be	tested.
	SAMPLE TYPE TEST Utine(UR) Oxil Ruid(OF)	TYPE	SAMP	LE TYPE Oral Fluid(OF,		TEST	TYPE	SAMP		TEST	TYPE
	ALCOHOL BIOMARKER EtG (Ethyl Glucuronide),EtS	(Ethyl Sulfate) Ur			ILLICITS	roin Metabolite)	Ur, OF			OPIOIDS: SYNTHETIC Buprenorphine ^M	Ur, OF
	ANTICONVULSANTS OF38 Gabapentin	Ur, OF Ur, OF	U17 U13 U18	□ OF39 □ OF36	Benzovieco	onine (Cocaine Metabolite)		□ U15	☐ OF34 ☐ OF37	Fentanyis Acetyl Fentanyi, Alfentanii	Ur
	U27 OF47 Pregabalin ANTIDEPRESSANTS	Ur, OF	□ U12 □ U19	□ OF35	Marijuana ^M MDA (Ecsto	ISV)	Ur, OF			Carfentanii, Remifentanii Acid Fentanyi ^M , Sufentanii	Ur Ur, OF
	U5 SSRI (Serotonergic CI Citalopram ^M , Dulc	oxetine Ur	□ U3	□ 0F31	MDA, M Methamphe		Ur, OF Ur, OF	□ U20	□ OF41	Methadone EDDP (Methadone Metabolite)	Ur, OF
	Citalopram ^M , Dulc Fluoxetine ^M , Parox Sertraline	xefine Ur Ur	□ U26	□ OF46	Phencyclid CANNABINO	INE (PCP) IDS, SYNTHETIC (SPICE)	Ur, OF	□ U24	□ 0F44	Methadone Opioids and Opiate Analogs	Ur, OF
	U6 OF32 TCA (Tricyclic & Other Amitriptyline, Nort	ripfyline Ur, OF			AB-FUBINA		Ur			Dextromethorphan, Meperidine ^M Naloxone, Naltrexone	Ur Ur, OF
	U7 NSSRI (Not Otherwise Bupropion, Venlat				JWH-018-	Pentanoic acid N-4-OH Pentyl	Ur	□ U31	☐ OF48 ☐ OF49	Propoxyphene ^M Tapentadol ^M	Ur, OF Ur, OF
	U8 ANTIPSYCHOTICS		□ U30			MULANTS & CATHINONES	Ur		□ OF50	Tramadol ^M OPIATE/OPIOIDS	Ur, OF
	Aripiprazole ^M , Clozapi Haloperidol, Olanzapi	ne™ Ur			Ethylone (B	sath Salt), MDPV (Bath Salt)		∐ U23	□ OF43	Opiates Codeine, Dihydrocodeine	Ur, OF
	Quetiapine ^M , Risperido ANALGESICS				Naphyrone ALKALOIDS	(Bath Salt), Methylone (Bath Salt) (Bath Salt)	Ur	□ une	□ OF45	Hydrocodone ^M , Hydromorphone Morphine	Ur, OF Ur, OF
	Acetaminophen BARBITURATES Butalbital, Phenobarbi	Ur Ital Ur	□ U2		Cotinine (Ni	cotine), Mitragynine (Kratom) ^M cid diethylamide (LSD)	Ur Ur	□ U29	□ UF45	Oxycodone Oxycodone Oxycodone SEDATIVE HYPNOTICS	Ur, OF
	Secobarbital Secobarbital BENZODIAZEPINES	Ur			Psilocin (P	silocybin Metabolite)	Ur	020		Zalepion, Zolpidem STIMULANTS	Ur
	Flunitrazepam ^M , Alpraz Clonazepam ^M , Diazepa	zolam ^{M.} Ur, OF	□ U22	□ OF42	SKELETAL MU Carisoprod	(Magic Mushroom) ISCLE RELAXANTS ol, Meprobamate	Ur, OF	□ U3	□ 0F31	Amphetamine Ritalin (Methylphenidate)	Ur, OF Ur
	Oxazepam, Flurazepa Lorazepam, Midazolar	m [™] Ur, OF			Cyclobenzo		Ur	□ U21 □ U33		OTHER Diphenhydramine (Benadryl)	Ur
	Etizolam, Triazolam ^M , Temazepam	Ur Ur, OF		" This tes	t will include parer	nt and/or metabolite of the paren	it drug.			, , , , , , , , , , , , , , , , , , , ,	
(5 PATIENT PRESCRIBED MEDICA Clozapine		all that apply) ethampheta		a medication in this s Dxycodone	ection DOES NOT constitute a text re Sativex Zalepk		DI 11		D.1. / /	
	Alprazolam (Xanax) Codelne G Amitriptyline Cyclobenzaprine H	abapentin Maloperidol M	ethylphenid idazolam	ate 0	Oxymorphone Paroxetine	Secobarbital Zolpide Seroquel Zopick	em one	Pt N		Date//_	
	☐ Buprenorphine ☐ Dextromethorphan ☐ H	ydrocodone	orphine ploxone	8	PCP Phenobarbital	Sertraline Zubsol Suboxone Other	lv	Dor	or Intials		_
	Butabarbital Doxepin K	etamine 🗆 N	altrexone ordiazepam ormeperidin		Phentermine Pregabalin Pristiq	Sufentanii Tapentadoi Other Tramadoi			***PE	EL AND PLACE ON SPECIMEN CONTAINER***	
	Contended C Feetenal C M		- delegation							maaa aa	
	☐ Citalopram ☐ Fluoxetine ☐ M	eprobamate 0	ortriptyline lanzapine kazepam		Propoxyphene Quetiapine Risperidone	 □ Triazolam □ Venlafaxine □ Vilazodone 				T32100	PEEL

Sample Toxicology Report



Final Laboratory Report

97 MOUNT BETHEL RD WARREN, NJ 07059

COMMENTS

Ph: 732-595-5414

Lab Director

CLIA# 31D214014

Client Information

97 Mt Bethel Rd WARREN, NJ 07059

DETECTED ANALYTE

Phone: 7325955414 Doctor: Test Doctor

Patient Information

Patient: Patient, Sample

Patient ID: 39652 Gender: Male DOB: 1/1/1970 Phone: 212-555-5555

Sample Type: Urine Cup

Sample Information

Accession Collected Received
2107230491 07/20/2021 10:43 AM 07/23/2021 10:34 AM

Preliminary Release
Lab Technologist
07/23/2021 02:35 PM

Final Release
Lab Technologist
07/25/2021 03:20 PM

RESULT HISTORY

Accession	2107020427	2106250364	2106080653	2105130224
Date	6/29/2021	6/22/2021	6/3/2021	5/11/2021
Abnormal Specimen Validity	None	None	Specific Gravity (1.037 g/mL)	Specific Gravity (1.040 g/mL)
Unprescribed Presumptive Screen Detected	Amphetamine (POSITIVE)	Amphetamine (POSITIVE)	Amphetamine (POSITIVE)	Amphetamine (POSITIVE)
Prescribed Presumptive Screen Consistent	None	Buprenorphine (POSITIVE)	Buprenorphine (POSITIVE)	Buprenorphine (POSITIVE)

Unprescribed Drug Found	Amphetamine (>2500 ng/mL)	Amphetamine (>2500 ng/mL)	Amphetamine (>2500 ng/mL)	Amphetamine (>2500 ng/mL)
Prescribed Not Found	None	None	None	None
Prescribed/Consistent	None	Buprenorphine (45.9 ng/mL) Norbuprenorphine (264 ng/mL)	Buprenorphine (89.6 ng/mL) Norbuprenorphine (565 ng/mL)	Buprenorphine (236.6 ng/mL) Norbuprenorphine (1396 ng/mL)

Presumptive Drug Screen Medication Mapping							
	REPORTED PRESCRIPTION	TEST NAME(s)	RESULT	RESULT COMMENT			
Unprescribed Detected		Amphetamine	POSITIVE ng/mL				
Prescribed Consistent	Suboxone	Buprenorphine	POSITIVE ng/mL				
	Marinol	Cannabinoids	POSITIVE ng/mL				
Prescribed Inconsistent	None						

CONSISTENT RESULTS - Reported medication (parent drug and/or metabolite) detected.							
REPORTED PRESCRIPTION	TEST NAME(s)	RESULT	RESULT COMMENT				
Marinol	Marijuana/Cannabinoi d Metabolite	POSITIVE 120 ng/mL	The marijuana/cannabinoid metabolite THC-COOH (11-nor-9-Carboxy-delta-9-THC) is a urinary metabolite of tetrahydrocannabinol (THC). The presence of this metabolite may indicate recent prescription (Sativex) or illicit marijuana use.				
Suboxone	Buprenorphine	POSITIVE 38.0 ng/mL	The presence of Buprenorphine is consistent with Buprenex, Subutex, Suboxone or Zubsolv medication use.				
Suboxone	Norbuprenorphine	POSITIVE 101 ng/mL	Norbuprenorphine is a metabolite of Buprenorphine. Its presence is consistent with Suboxone, Beprenex, Buprex, Subutex, or Transtec.				

	INCONSISTENT RESULTS - Reported medication not detected (neither parent drug nor metabolite).						
1	REPORTED TEST NAME(s) RESULT RESULT COMMENT PRESCRIPTION						
None	None						
	Analyte Detected but no corresponding prescription reported.						

TEST RESULT (ng/mL)

Final Report	Page 1 of 2	V20210701

Sample Toxicology Report



Patient: Patient, Sample Patient ID: 39652

Gender: Male DOB: 1/1/1970 Accession: 2107230491 Collected: 07/20/2021 10:43 AM

Amphetamine

POSITIVE >2500 ng/mL

Amphetamine is a metabolite of Methamphetamine. Its presence is consistent with Methamphetamine (Desoxyn, Methedrine, Metamfetamine,) use. Amphetamine (Adderall, Benzedrine, Dexedtine) is also available as a prescription drug.

Additional medications prescribed but not tested for on this report: Melatonin.

IMMUNOASSAY SPECIMEN VALIDITY TESTING

Released on 07/23/2021 02:35 PM By MP

Test	Result	Flag	Normal Range
General Oxidants	NEGATIVE	Acceptable	< 200 mcg/mL
pH	5.9 pH	Acceptable	4.0-9.5 pH

Test	Result	Flag	Normal Range
Creatinine	348.5 mg/dL	Acceptable	> 20
Specific Gravity	1.031 g/mL	Acceptable	1.003-1.035 g/mL

IMMUNOASSAY SCREEN RESULTS

Released on 07/23/2021 02:35 PM By MP

Test	Result	Cutoff	
PCP	Negative	25 ng/mL	
Opiates	Negative	300 ng/mL	
Ethyl Alcohol	Negative	100 mg/dL	
Cocaine	Negative	150 ng/mL	
Benzodiazepines	Negative	200 ng/mL	
Amphetamine	POSITIVE	500 ng/mL	
Ecstasy	Negative	500 ng/mL	
EDDP (Methadone metabolite)	Negative	300 ng/mL	

Test	Result	Cutoff	
Oxycodone	Negative	300 ng/mL	
Methadone	Negative	300 ng/mL	
Ethyl Glucuronide (ETG)*	Negative	500 ng/mL	
Buprenorphine	POSITIVE	20 ng/mL	
Barbiturates	Negative	200 ng/mL	
6-MAM	Negative	10 ng/mL	
Cannabinoids	POSITIVE	50 ng/mL	

QUANTITATIVE RESULTS BY LC-MS/MS

Test	Cutoff	Result	Concentration	Remarks
Illicits				Released on 07/25/2021 03:20 PM By MP
Marijuana/Cannabinoid Metabolite	50 ng/mL	POSITIVE	120 ng/mL	The marijuana/cannabinoid metabolite THC-COOH (11-nor-9-Carboxy-delta-9-THC) is a urinary metabolite of tetrahydrocannabinol (THC). The presence of this metabolite may indicate recent prescription (Sativex) or illicit marijuana use.
Methamphetamine	100 ng/mL	Negative		

Stimulants

Released on 07/25/2021 03:20 PM By MP

Amphetamine	100 ng/mL POSITIVE	>2500 ng/mL	Amphetamine is a metabolite of Methamphetamine. Its presence is consistent with Methamphetamine (Desoxyn, Methedrine, Metamfetamine,) use. Amphetamine (Adderall, Benzedrine, Dexedtine) is also available as a prescription drug.
-------------	--------------------	-------------	--

Synthetic Opioids

Released on 07/25/2021 03:20 PM By MP

Buprenorphine	20 ng/mL	POSITIVE	38.0 ng/mL	The presence of Buprenorphine is consistent with Buprenex, Subutex, Suboxone or Zubsolv medication use.
Norbuprenorphine	20 ng/mL	POSITIVE	101 ng/mL	Norbuprenorphine is a metabolite of Buprenorphine. Its presence is consistent with Suboxone, Beprenex, Buprex, Subutex, or Transtec.

All positive clinical immunoassay screen results must be considered as presumptive positive and unconfirmed until confirmed by an alternate methodology such as LC-MS/MS or GCMS. In the event of the contrary immunoassay screen vs. LC-MS/MS results, Clarity Labs® recommend relying on the LC-MS/MS. - All drug tests performed by LC-MS/MS instruments are Laboratory Developed Tests.

Reference ranges for UDT/ODT have not been determined. - Medication values reported can depend on amount and frequency of use, metabolic rate, body mass, age, overall health and drug tolerance. Unconfirmed screening results are to be used only for medical (ie, treatment) purposes.

Unconfirmed screening results must not be used for non-medical purposes (eg, employment testing).

Final Report Page 2 of 2 V20210701

^{*} For forensic use only, not intended for clinical diagnostic use.

Sample Clinical Blood Order Form



97 Mt Bethel Road | Warren, NJ 07059
P: 732-595-5414 | F: 732-595-5415
info@clarity-laboratory.com | www.clarity-laboratory.com

resum	g for better neattri		CLIA # 31D2	140149			BI	LOOD	REQUISIT	TON
1 ACCOUNT INFORMAT	TION		(2	PATIENT II	NFORM	IATION				
T				Last Name			First Name			
					2000				Sex	
				D.O.B (MM/DI	J/YY)				□M □F	
				Phone (Day)			(Evening)			
				r none (buy)			(Evening)			
				Insured's Addre	ess Apt.					_
	sign his/her name and indicate ication, that with respect to tests									
or other third party payers that	the testing is medically necessary			City			State	Zip		
management of the patient.				Lauthorize Clarity	Labe to rel	ease the results of this to	seting to the treati	ina nhveinia	an or facility. I have rea	nd and
X						n the backside of this for		ing priyator	ar or racinity. I ridge rec	au unu
				X						
Call results to: ()	☐ Fax res	ults to: ()							
3 INSURANCE INFORM	ATION Client Bill	See Atta	ched Insurance Forms	SPECIMEN	INFORM	MATION				
Insured's Name (if different f	rom Patient)			Date Collecte	ed:/_	/ Time:	: AM	PM	STA	AT .
Drimany Ingurance Name 9 I	Nen / Westvere Come Corrier					Fasting hrs Y				
Primary Insurance Name & F	Plan / Workers Comp. Carner			ICD 10 C	ODES					
Address (Insurance)				Please enter	diagnosis	code(S) in the box				
Policy ID #	Group/Plan/Book	#			;					
☐ Cash ☐ Check	Received by:			FOR LAB	USE ONL	Υ	Date:	/	/	
				Received by:			Time:	:	AM PM	
4 AMA APPROVED PAN	A STREET, STRE					R COMPREHEN				
5000 ELECTROLYTES PANE Na, K, CL, CO2	EL SS	5029 □	THYROID COMPREHEN TU, T4, FT3, T3, FT4, TSH	SIVE PANEL	SS	5037 🗆 PSA FR	EE /TOTAL % PA	NEL	SS	
5002 BASIC METABOLIC P.		5030 □	B12 + FOLATE DEFICIE B12, Folate	NCY PANEL	SS	1184 🗌 QUANTI	FERON		GRE	EN L.H.
5001 COMPREHENSIVE ME	TABOLIC PANEL SS	5015	DIABETIC PANEL		GY, LV	5023 □ IRON D	EFICIENCY PANEI	L	SS	
Na, K, CL, Glu, Cr, Ca, TP, Al 5003 HEPATIC FUNCTION I	b, TBII, ALP, AST, ALT, CO2, BUN PANEL SS	5011	Glu, Hgb A1c ARTHRITIS PANEL		SS, LV	•	TIBC + Iron, Sat%, Fer	rritin, Transfer	rrin	
Alb, TBil, Dbil, ALP, AST, TP, AL	T		CBC, ANA, ASD, CRP, RF, ESR,	UA	00, 21	5069 □ STD PA	NEL (Female)		SS/	UR/ SW
5004 LIPID PANEL Trig, Chol, HDL, LDL calc, V	LDL Calc. Ratios	5010	ANEMIA PANEL CBC, Retic, Iron, TIBC, Ferrritin	. B12. Folate	SS, LV	5020 🗆 EBV VIR		20111112	SS	
5021 ACUTE HEPATITIS PA		5066 □	HEPATITIS COMPREHE	NSIVE PANEL	SS	5070 STD PA	gG/lgm, EBV EA lgG, E NFI (Male)	:BV NA IgG	\$\$/	UR/ SW
HAV-IgM, HBs-Ag, HCV Ab			HAV-IgM, HBs-Ag, Anti-HBc, HCV Anti-HBe, HBe-Ag, Anti-HBs	Ab, Anti-HAV, HBc-IgM,			()			
Custom Profile / Addition	al Tests									
1133 AFP, Tumor Marker	SS 1103	SS	1122 Myoglobin		-	HERAPEUTIC DRUG MC	NITORING		URINE TESTS	
1001 Albumin 1002 Alkaline Phosphatase	SS 1030 GGT SS 1061 Globulin, Calculat	ss ed ss				☐ Acetaminophene ☐ Carbamazepine (1289	Chlamydia/GC Creatinine 24 Hrs	UR UR
1003 ALT (SGPT) 1024 Amylase	SS 1063 Glucose Hrs. P SS 1058 Glucose Tolerance	P. GY	1100 Progestero	one S		☐ Clozaril (Clozapi	ne) RE	1281	Creatinine Clearance	UR/SS
1138 ANA	SS 1062 Glucose, Fasting	GY	1015 Protein, To	tal S	S 1116	☐ Digoxin (Lanoxii ☐ Dilantin (Phenyt	oin) RE	1291	Creatinine Random 14 Panel Urine Drug Scre	
1047 Apo A1 1050 Abo B	SS 1213 Growth Hormone SS 1013 Glucose Random	SS GY	1104 PSA Total	S	S 1040	☐ Gentamicin (Ga ☐ Lithium (Eskalit	ramycin) RE		Microalbumin Pregnancy	UR UR
1948	SS 1153 H. Pylori Antibody SS 1064 H. Pylori Breath T	lgG SS	1157 D PT/INR	B		Phenobarbital (Phen Salicylic Acid (sa	obarbitone) RE	1206	Protein 24 hrs. Trichomonas Vaginalis	UR UR
1005 AST (SGOT) 1097 Beta hCG	SS 1041	SS	1129 PTH, Intac	t S	S 1117	☐ Theophylline (Eli:	cophyllin) RE	5007	Urinalysis	UR
1339 Beta-2 Microglobulin	SS 1066	SS	1043 RF (Rheun	natoid Factor) S	S 1119	☐ Valproic Acid (Dep ☐ Vancomycin (Va	ncocin) RE	1376	Micoalbumin w/ Creatinine R Urinalysis w/ Reflex to Cultur	e UR
1007 Bilirubin, Direct 1006 Bilirubin, Total	SS 1211 Hemoglobin A1c SS 1084 Hepatitis A Ab IgM	HAV-IgM) SS				MICROBIOLOG Affirm VPIII Micro			YTO / PATHOLOGY Pap Liquid	Cx/Vag
1123 BNP Plasma 1008 BUN/UREA	LV 1933 Hepatitis A virus Af	(Anti-HAV) SS	1160	ESR) L'	V 1190	☐ Blood Culture &	S OT	1295	GYN Thin Prep w/Reflex	
1081 C3- Complement	SS 1936 Hepatitis B Core AB Ig SS 1086 Hepatitis B Surf A	g SS	1212 Sickle Scre	een L'	V 1209	C. Diff. Toxin As	SW	1296	HPV High Risk GHPV Thin Prep w/HPV High R	
1082	SS 1937 Hepatitis Be virus AB (SS 1939 Hepatitis B Surface AB	Anti HBe) SS	1016 Sodium	S	S 1221	☐ Genital Culture I	SS SW SW		NGYN Cytology Urine LMP / /	UR
1092	SS 1941	Confirmatory SS	1125 T3, Total	S	S 1275	Occult Blood Str	ool ST			=
1009 Calcium	SS 1089 Hepatitis C Virus	Ab SS	1127 T4, Free	S	S 1279	☐ Sputum Culture	&S SW			
5005 CBC/w Differential	LV 1958 HIV 1/2 Screening SS 1120 Homocysteine	SS SS		E ON®-Gold G		Stool Culture &				_
1340 Ceruloplasmin 1011 Chloride	SS 5142	S SS	1135 🔲 P2PSA	S	S 1307	☐ Throat Culture 8	S SW			_
1017	SS 1034	aM SS	1241 Testostero	ne, Free S	S 1288	☐ Urine Culture & ☐ Wound Culture	S UC			
1028 ☐ CK-MB 1146 ☐ CMV IgG Ab	SS 1029 Immunoglobulin I SS 2139 Immunoglobulin IgG, Id	gG SS	1826 Testostero	ne Total & Free Sulin S	S					
1147	SS 1220	SS	1095 Thyroid Perox	idase Antibody (TPO) S na Gondii IgG S	S					
1098 Cortisol	SS 1067 Influenza A/B Ag SS 1130 Insulin	SS SS	1156 Toxoplasm	na Gondii IgM S	S					
1096 C-Peptide 1012 Creatinine	SS 5008	SS SS		es S	S					
1027 Creatinine Kinase (CPK) 1036 CRP, (N)	SS 1037	SS	1124 🔲 TSH	S	0	B10001	CB10	001	CB1000	01
1210 CRP HS	SS 1068 Lead	SS LV	1143 U Varicella Z	oster IgG S	S	D 10001	0510	001	051000	~ ·
1338 ☐ Cystain C 1419 ☐ D-DIMER	SS 1102	SS SS	1131	25-Hydroxy S	S					
1132 DHEA: Sulfate 1099 Estradiol	SS 1139 Lyme (B. burgdorfe SS 1038 Magnesium	ri) IgG/IgM SS SS	4051 SARS Covi	d lgg S	s C	B10001	CB10	001	CB100	01
1109 Ferritin	SS 1140 Measles Ab, IqG	SS	3002		V					
1906 ☐ Fibrinogen 1111 ☐ Folate	BL 5143 ☐ MMR SS 1141 ☐ Mumps IgG	SS SS								PEEL
										V 07212021

Sample Clinical Blood Report



Phone: 7325955414

Doctor: Test Doctor

Magnesium

Final Laboratory Report

97 MOUNT BETHEL RD WARREN, NJ 07059

Ph: 732-595-5414

CLIA# 31D2140149

Client Information 97 Mt Bethel Rd WARREN, NJ 07059

Patient Information

Patient: Patient, Sample

Patient ID: 39652 DOB: 1/1/1970 Gender: Male Phone: 212-555-5555

3.0

Sample Type: Blood

Collected Accession

Received

Preliminary Release

mg/dL

2109070200 07/20/2021 10:43 AM 07/23/2021 10:34 AM

1.9-2.7

Lab Technologist 07/23/2021 02:35 PM Final Release Lab Technologist 07/25/2021 03:20 PM

Sample Information

OUT OF RANGE SUMMARY								
Test Result Flag Units Ref. Range								
NOTE: SUMMARY MAY NOT CONTAIN ALL ABNORMAL RESULTS, ESPECIALLY THOSE OF TESTS WITH AN INTERPRETATION. PLEASE REVIEW THE ENTIRE REPORT. FOR TEST SPECIFIC COMMENTS, PLEASE REVIEW ENTIRE REPORT.								
Bilirubin, Total	0.2	L	mg/dL	0.3-1.0				
Potassium	5.6	н	mEq/L	3.5-5.1				

н

	COMPRE	EHENSIVE R	EPORT			
Test	Current Result	His	tory	Units	Ref. Range	Ref
	07/20/2021	Previous result 6/4/2021	Previous result 1/19/2021			
COMPREHENSIVE METABOL	IC PANEL		Rele	ased on 09/08/202	21 12:18 PM B	у М
Alk. Phosphatase	35			U/L	34-104	
ALT (SGPT)	10			U/L	7-52	
AST (SGOT)	14		40 H	U/L	13-39	
Bilirubin, Total	0.2 L	0.1 L	2 H	mg/dL	0.3-1.0	
BUN	20		30 H	mg/dL	7-25	
Calcium	8.9		12 H	mg/dL	8.6-10.3	
Carbon Dioxide	25		16 L	mmol/L	21-31	
Chloride	100			mEq/L	98-107	
Creatinine	0.7		10 CH	mg/dL	0.7-1.3	
Glucose Random	80			mg/dL	74-109	
Potassium	5.6 H			mEq/L	3.5-5.1	
Protein, Total	8.9		9.0 H	g/dL	6.4-8.9	
Sodium	140			mEq/L	136-145	
eGFR for non-African American	>60		6.05 L	mL/min/1.73 sq.m	>60	
eGFR for African American	>60		7.32 L	mL/min/1.73 sq.m	>60	
Globulin, Calculated	3.9		4.8 H	g/dL	1.8-4.0	
A/G Ratio	1.3			Ratio	0.8-2.7	
Albumin	5.0			g/dL	3.5-5.7	
Magnesium	3.0 H		1.1 L	mg/dL	1.9-2.7	
Uric Acid	6.4			mg/dL	4.4-7.6	
IPID PROFILE			Rele	ased on 09/08/202	21 12:18 PM B	у М
Cholesterol, Total	100			mg/dL	<200	

Page 1 of 2 V20210701

Sample Clinical Blood Report



Patient: Patient, Sample
Patient ID: 39652

Gender: Male DOB: 1/1/1970 Accession: 2109070200 Collected: 07/20/2021 10:43 AM

Test	t Current Result History			Units	Ref. Range	Re
	07/20/2021	Previous result 6/4/2021	Previous result 1/19/2021			
National Heart, Lung, and Bloo	od Institute Cl	assificatio	n:			
Desira	able	<200 mg/d	L			
Border	cline	200 - 239	mg/dL			
HIGH		>=240 mg/d	L			
Triglycerides	130		6 L	mg/dL	<150	
HDL Cholesterol, Ultra	56		31 L	mg/dL	40-199	
THE NCEP GUIDELINES	CLASSIFY HDL-	C LEVELS AS	FOLLOWS:			
< 40 mg/dL AS INDI	CATIVE OF A MA	JOR RISK FA	CTOR FOR			
CORONARY HEART DI	SEASE.					
> 60 mg/dL AS A NEG	SATIVE RISK FAC	TOR FOR COR	ONARY			
HEART DISEASE.						
LDL Cholesterol, Direct	75			mg/dL	0-99	
LDL Direct Cholest	erol classific	ation guide	lines:			
OPTIMAL:	- <100	mg/dL				
NEAR OPT	IMAL/ABOVE OPT	TMAT.:- 100-	129 mg/dI.			
			125 mg/QD			
BORDERLI		59 mg/dL				
HIGH:-	160-1	89 mg/dL				
VERY HIG		mg/dL		/ 17	0.20	
VLDL Cholesterol,calc.	26	102.11		mg/dL	0-30	
LDL Cholesterol,calc.	18	102 H		mg/dL	0-99	
HERAUPEUTIC DRUGS			Releas	sed on 09/08/20	021 12:18 PM B	y N
Valproic Acid (Depakote)	60			μg/mL	50.0-100.0	
Salicylates	20			mg/dL	15.0-30.0	
40 C C C C C C C C C C C C C C C C C C C						

Disclaimer:

The Previous Result is listed for the most recent test performed by Clarity Labs in the past 2 years where there is sufficient patient demographic data to match the results to the patient.

Page 2 of 2 V20210701

Sample Molecular Diagnostic Form



97 Mt. Bethel Road Warren,NJ 07058
P: 732-595-5414 | F: 732-960-9222
info@clarity-laboratory.com | www.clarity-laboratory.com
CLIA # 31D2140149

MOLECULAR DIAGNOSTICS

0		-		NO. 10 TO 10			
C	ACCOUNT INFORMATION		ENT INFORM	ATION			
		Last Nar	ne		First No	ame	
		DOR (MM/DD/YY)			Sex	_
		D.O.B (I	/IN//DD/11)			□M □F	
						2 2.	
		Phone (I	Day)		(Evenir	ng)	
- 1	The ordering physician must sign his/her name and indicate the date the test is ordered. T signature constitutes as a certification, that with repsect to tests reimbursed by Medicare, Medicai	Address					_
	or other third party payers that the testing is medically necessary and the results will be used in t	7144.000					
	management of the patient.						
	X	City			State	Zip	
	Physician Signature Date	,					
١.	Physician Signature Date						
	THIS SECTION IS BE TO COMPLETED BY A CLINICIAN						
- 1			nedical reason and neces				
	REASON FOR TEST Respiratory Failure Cough Chills Fever Nasal Discharge (Rhinomhea) Chest Pain	☐ Hypoxia ☐ Sore Throc	☐ Joint Pai	in Muscle	Pain ss of Breath	 No sense of taste or smell Body Ache 	
(3				C Grown	00 01 010011	SPECIMEN INFORMATION	M
4	Insured's Name (if different from Patient) Policy						
	rolloy					Specimen Source: Nasopharyngeal Throat Swab(only for 4020(SARS-CC)	
	Primary Insurance Name & Plan / Workers Comp. Carrier Group/	/Book #				Date Collected://	-//
							_
	Address (Insurance)	Chook	Deceived by			Time: : AM □ F	M
1		- OHECK	Received by:			Collector:	_
(4	DIAGNOSIS CODES						
T	□ R07.0 Pain in throat □ J11.1 Influenza due			☐ J15.7		onia due to Mycoplasma pneumonia	ð
	☐ J02.9 Acute pharyngitis, unspecified with other resp			☐ J12.2		luenza virus pneumonia	
	☐ J20.8 Acute bronchitis due to other specified ☐ J21.1 Acute bronchic	due to hum	ian	☐ B97.4		atory syncytail virus as the cause of	
	organisms metapneumovi						
	☐ J18.9 Pneumonia, unspecified organism ☐ B97.0 Adenovirus as ☐ J16.0 Chlamydial pneumoniaAdenovirus elsewhere	e cause of diseases classified B34.8 Other viral infections of unspecified site R06.02 Shortness of breath					
		, unspecified organism R50.9 Fever, unspecified					
		cition, unspecified R05 Cough unmovirus as the cause of R53.83 Other fatigue					
	diseases class	elsewhere		☐ Z20.828		with and (suspected) exposure to other	
	ICD 10 CODES Please enter diagnosis code(s) in the box			□ Z03.818		mmunicable diseases	
				□ 203.616		er for observation for suspected e to other biological agents ruled out	
	PLEASE NOTE: This resource is provided for informational purposes only and does not guarantee that billing or	will be approp	riate or that coverage	and reimbursement w			ıll
	relevant coverage coding and reimbursement requirements. It is the sole responsibility of the provider to select p			-			
	Clarity Laboratories, LLC, assumes no liability for the results or consequences associated with the use of the the information contained herein. For comprehensive coding guidance see complete ICD-10-CM code set an				nty, or guo	arantee as to the accuracy or validity of any	of
(5		ncial county (Juluelliles, 2017 eui	iioii.			
4							
	□ RPP1(RESPIRATORY PATHOGEN PANEL)* □ RPPV (RESPIRATORY VIRUS	ANEL)	□RPP2(RPP1*	with (SARS-C	OV-2)	RESPIRATORY BACTERIA TES	STS
	☐ 4020 (SARS-CoV-2)** (Novel Coronavirus for COVID-19) ☐ RPP3	PP1* w/ r	eflex to 4020	(SARS-CoV-2))** 🗆	RPPM Mycoplasma Pneumoni	ae
	- 4050 (0.4 DC 0) (0tt / (1 . 1 . DDD) (1 . 1 . DD)	4 DC C-1	/ 0.10 A#P	+ > 1007		DDDD Desdetelle Destruction	
	□ 4050 (\$ARS-CoV-2**w/ reflex to RPP1*) □ 4051	ARS-COV	/-2 IgG AntiBo	ody) [551]		RPPB Bordetella Pertussis	
	☐ RPP5 (Inf A, Inf B, RSV, SARS-CoV-2)					RPPC Chlamydophila Pneumo	niae
	VIRUSES: Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus						n09,
- 1	Influenza A subtype H3, Influenza B, Parainfluenza virus 1, Parainfluenza virus 2,Pa	fluenza virus	s 3, Parainfluenza	virus 4, Respirato	ry Syncyt	ial Virus A/B, Rhinovirus/Enterovirus.	
4	BACTERIAS: Bordetella pertussis, Chlamydophila pneumoniae, Mycoplasma pneumoniae						
6	PATIENT CONSENT						
	PATIENT CONSENT REIMBURSEMENT: Clarity Labs (CL) will make every reasonable effort to obtain reimb						20
	providingmedical benefits to me and any health plan to which I am a member any and all medical or othe who bills for these claims and accepts assignments. I understand that if my insurance company pays me di						
	responsiblefor any outstanding balances, deductible/co-payments as required by my plan. By signing the	have read all	of the above and un	derstand it. Medicar	re Advance	Beneficiary Notice: I have read the ABN of	n
	the bottom of thisfrom. If Medicare denies payment, I agree to pay for the identified test(s). I understand th purposes, so long as the information has been properly de-identified pursuant to law.	may use my s	pecimen and any testi	ng performed on that sp	becimen, for	r research, development, and potential publication	'n
	parposes, so long as me insufficient ras even properly as resimined personal to late.						
	X						
	PATIENT NAME (please print) PATIE	SIGNATURE				DATE	
	IMPORTANT MEDICARE INFORMATION TO THE BENEFICIARY: ADVANCED BENIFICIARY	ICE (ABN)					
	Your physician may sometimes order laboratory testing that he or she believes to be necessary for your care	which does no					
	and Medicare will only pay for services that it determines to be "reasonable and necessary" based upor Medicare's standards, your diagnosis does not support the testing ordered, your Insurance Providers and						
	will be forwarded to you, and you will be responsible for the cost of the laboratory tests.	oute will delly	outerage. III IIIOSB (russa milete your INSI	manut FIO	and medicale delites coverage, the bi	y
	FOR LAB USE ONLY Date: / /	FOR LA	B USE ONLY				
	(100 (100 mm) 100 mm)						
	Received by: : AM PM						

Sample Covid Report



Final Laboratory Report

97 MOUNT BETHEL RD WARREN, NJ 0705

Ph: 732-595-5414

Lab Director

CLIA# 31D2140149

Client Information

Patient Information

Sample Information

97 Mt Bethel Rd WARREN, NJ 07059

Phone: 7325955414

Doctor: WALSH, PATRICIA PA-C

Patient: Patient, Sample

Patient ID: 39652

DOB: 1/1/1970

Phone: 212-555-5555

Sample Type: Nasopharyngeal Swab

Accession Collected Received 2109140342 09/13/2021 18:15 PM 09/14/2021 07:14 AM

Preliminary Release Lab Technologist Final Release

Test Result Flag Units Ref. Range

Novel Corona Virus

SARS-CoV-2*

Not Detected

Not Detected

Virokey SARS CoV-2 real time PCR assay for detection of SARS CoV-2 from nasopharyngeal and oropharyngeal specimen was developed and its performance characteristics determined by Clarity Labs. The EUA approval #EU201790.

This test is approved by CLIA, NJDOH and NYDOH.

This test has been validated in accordance to FDA's guidance document: "Policy for Diagnosis testing in laboratory verified to perform High complexity testing under CLIA prior to Emergency Use Authorization for Coronavirus disease-2019 during the public health emergency issued on February 29th 2020".

Negative results for symptomatic patients does not rule out the possibility of other bacterial or viral infections.

Negative results does not rule out possibility of prior viral exposure.

When Flag AB: Abnormal

******* END OF REPORT ********

To View Patient result online

Step - 01 - Scan the bar code.

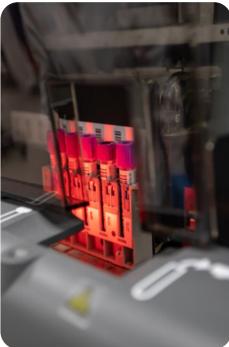
Step – 02 – Verify all your personal details i.e.,

Last Name, First Name Initial and then enter your date of birth.

Step - 03 - Hit the submit button to get the result











Licensed in All 50 States















behind Tages Sample Sample is a

Every patient deserves timely and accurate test results that meet the highest processing standards. At Clarity Labs each sample is treated with the patient in mind.





Clarity Labs is centrally located at 97 Mount Bethel Road Warren, New Jersey which allows us to easily access practices and facilities throughout the Tri-State area. Clarity Labs utilizes national contracts with Fedex and UPS to be able to receive and process samples across the United States.

Clarity Labs was founded with the premise that our clients should know where and how their testing is being performed. We encourage site visits and have an open door policy.

Security is ensured by 24/7 camera surveillance and 24/7 Card Access.





732-595-5414 | fax: 732-595-5415



info@claritylabs.com



97 Mount Bethel Road Warren, New Jersey, 07059



www.ClarityLabs.com