OFFICE OF THE MEDICAL EXAMINER
Center for Forensic Medicine
Nashville, Tennessee

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Davidson County Medical Examiner: Erin M. Carney M.D.

Judicial District Number: 20

District Attorney: Honorable Glenn Funk

State Number: 26-19-3910

Case Number: MEC26-2030

Name of Decedent	Age	Race	Date of Birth	Sex
Brytavious Lakeith Chambers	29 Years	Black	09/20/1996	Male

Address
1210 Martin Street, Apt 416, Nashville, TN 37203

Date of Death	Investigating Agency/Complaint #:
06/18/2026 12:45 PM	Metro Nashville Police Dept, Complaint #: 2026-0375174

Place of Death
1210 Martin Street, Apt 416, Nashville, TN

Narrative Summary

The decedent was reported to be a 29-year-old male who was discovered unresponsive in his secured residence during a welfare check by Metro Nashville Police Department (MNPD) on 06/18/2026. Nashville Fire Department (NFD) Emergency Medical Services (EMS) personnel responded to the residence and pronounced death. Countywide Communications reported the death to the Medical Examiner's Office at 1247 hours. Medical Examiner's jurisdiction was accepted to determine the cause and manner of death. Investigator Reagan Chapman responded to the residence to perform a brief scene investigation and body examination, which were documented through photography. The decedent was then transported to the Center for Forensic Medicine (CFM) via Middle Tennessee Removal Service (MTRS) for further examination by a forensic pathologist.

Investigator Reagan Chapman
06/18/2026 1620 hours

Jurisdiction Accepted	Autopsy Ordered	Toxicology Ordered
Yes	Yes	Yes

Physician Responsible for Death Certificate
Miguel A Laboy, M.D.

Funeral Home
Tutwiler Funeral Home

Cause of Death
Combined mitragynine, 7-hydroxy mitragynine, mitragynine pseudoindoxyl and ketamine toxicity

Contributory Cause of Death

Manner of Death
Accident

OFFICE OF THE MEDICAL EXAMINER
Center for Forensic Medicine
850 R.S. Gass Blvd.
Nashville, Tennessee 37216-2640

CASE: MEC26-2030
County: DAVIDSON

AUTOPSY REPORT

NAME OF DECEDENT: CHAMBERS, BRYTAVIOUS L. **SEX**: Male **AGE**: 29

DATE AND TIME OF AUTOPSY: June 19, 2026, at 9:30 a.m.

FORENSIC PATHOLOGIST: Miguel A. Laboy, M.D.

PATHOLOGIC DIAGNOSES

1. Obese adult male.
2. Cardiovascular system:
   A. Cardiomegaly and dilated chambers.
   B. Mild coronary artery disease.
3. Congested, edematous lungs.
4. Hepatomegaly.

CAUSE OF DEATH:	Combined mitragynine, 7-hydroxy mitragynine, mitragynine pseudoindoxyl and ketamine toxicity
MANNER OF DEATH:	Accident
CIRCUMSTANCES OF DEATH:	Toxic effects of drugs

The autopsy was performed at the Center for Forensic Medicine. The purpose of this report is to provide a certified opinion to the County Medical Examiner and District Attorney General. The facts and findings to support these conclusions are filed with the Tennessee Department of Health. The autopsy was performed in the presence of Shannon Crook, M.D.

EXTERNAL EXAMINATION

CLOTHING: The body is received clothed in a pair of black shoes, a pair of white socks, a black jacket, a red shirt, white undershirt, black shorts, and black undershorts. Received with the

body are multiple personal items and currency. The clothing and personal items are forwarded with the body.

THERAPEUTIC INTERVENTION: Electrocardiogram pads are attached to the body.

IDENTIFYING FEATURES: The body is that of a well-developed, obese (body mass index = 33.6) male who measures about 70 inches in length, weighs 234.5 pounds, and appears consistent with the stated age of 29 years. The scalp is covered with brown-black hair of normal distribution. A black mustache and beard are present. The irides are brown. The teeth are natural and in fair condition. The penis is circumcised. Tattoos are present at the upper extremities and head, slightly posterior and inferior to the ears. Two linear scars are present at the posterior right hand. Two oval scars are present at the anterior medial proximal thighs.

EXTERNAL POSTMORTEM CHANGES: Rigor mortis is partial and generalized. Livor mortis is anterior and fixed. The corneas are clear. The body is cold to the touch. The eyes reveal congestion due to lividity.

SPECIFIC EXTERNAL EXAMINATION: The head is without evidence of trauma. The conjunctivae are free of petechiae. Tardieu spots are present on the anterior superior torso. The sclerae and conjunctivae are congested. The ear canals and mouth reveal no abnormal fluid accumulation. A purge fluid is present at the nostrils.

The neck is free of trauma.

The upper extremities reveal no evidence of trauma.

The chest, abdomen, external genitalia, back and anus are atraumatic.

The right lower extremity reveals no evidence of trauma. Small blisters are present at the lateral left knee.

The above injuries, having been described, will not be referred to below.

INTERNAL EXAMINATION

HEAD: The deep scalp, calvarium and basilar skull are intact. There are no epidural, subdural or subarachnoid fluid accumulations. The 1530 gm brain is surrounded by translucent leptomeninges and clear cerebrospinal fluid. The hemispheres are symmetric. The cerebellum, cerebrum and brainstem are free of injuries or extravasated blood. The arteries at the base of the brain are pliable and patent.

NECK: No evidence of trauma is noted in the anterior strap muscles, the hyoid bone, the laryngeal cartilages or the cervical vertebral column. The tracheobronchial tree lumen reveals purge fluid. No obstructions or trauma are identified. The thyroid gland has a pink parenchyma, without nodules.

CHEST AND ABDOMEN: The linings of the pericardial, pleural and peritoneal spaces are smooth and the body cavities do not reveal blood or excess fluid. The thoracic and abdominal organs have normal anatomic configurations and relationships.

CARDIOVASCULAR SYSTEM: The 540 gm heart has a smooth epicardial surface. The coronary arteries arise normally and follow a normal distribution. The coronary arteries reveal mild atherosclerosis. The cardiac chambers sizes are slightly dilated. The wall thicknesses are within normal limits. The atrial and ventricular septa are intact. The ventricular myocardium is uniformly red-brown, without infarcts or trauma. The valve cusps and leaflets are thin and mobile, without abnormalities. The aorta reveals fatty streaks. The inferior vena cava is patent.

RESPIRATORY TRACT: The 630 gm right and 540 gm left lungs are congested and edematous but free of injury. The tracheobronchial tree and the pulmonary vessels are patent.

GASTROINTESTINAL TRACT: The tongue, esophagus, stomach, and small and large intestines are free of masses or evidence of obstruction. The appendix is present and reveals no abnormalities. The stomach contains 20 mL of green fluid. The gastric and duodenal mucosae are free of ulcers or erosions.

LIVER & GALLBLADDER: The 1900 gm liver has a smooth capsule and red-brown and patchy yellow parenchyma, without evidence of trauma. The portal vein, hepatic artery and hepatic veins are patent. The gallbladder contains approximately 20 cc of green bile, and no gallstones. The extrahepatic bile ducts are patent.

SPLEEN: The 120 gm spleen has a smooth capsule and a red-purple parenchyma, without evidence of trauma.

PANCREAS: The pancreas has a lobulated tan parenchyma, without evidence of trauma.

ADRENAL GLANDS: The adrenal glands have thin yellow cortices and gray medullae, without hemorrhage.

URINARY TRACT: The 150 gm right and 160 gm left kidneys have smooth capsules that strip with ease. The parenchyma is red-brown and unremarkable. The calyces, pelves, and ureters are patent and non-dilated. The urinary bladder has a normal configuration and contains clear yellow urine. The bladder mucosa reveals no abnormalities.

REPRODUCTIVE SYSTEM: The prostate gland has a rubbery tan-white parenchyma, without nodules. The seminal vesicles reveal no abnormalities. The testes have a tan parenchyma without evidence of trauma.

MUSCULOSKELETAL SYSTEM: The musculature is normally developed. The bony consistency is normal. The spine, chest and pelvic bones are free of fractures.

NOTE: The organs reveal early changes of decomposition with red dark discoloration and softening.

OTHER PROCEDURES:

1. Specimens are obtained for toxicologic analysis.
2. Portions of tissue retained in 10% formalin.
3. Documentary photographs.

SUMMARY AND INTERPRETATION

This man was reportedly discovered unresponsive in his secure residence. He was pronounced dead on the residence. It is reported that drug paraphernalia was present at the scene. There is history of nitrous oxide abuse, anxiety, depression, fatigue and obesity.

On postmortem examination, there is an obese adult male without significant external traumatic injuries. Internal examination reveals an enlarged dilated heart, coronary artery disease, congested and edematous lungs, an enlarged liver, and changes of decomposition to the organs. Toxicology analysis is presumptive positive for caffeine, cotinine and nicotine, positive for ethanol, and combined toxic/lethal levels of mitragynine, 7-hydroxy mitragynine, mitragynine pseudoindoxyl, ketamine and norketamine.

In my opinion, the death resulted from combined mitragynine, 7-hydroxy mitragynine, mitragynine pseudoindoxyl and ketamine toxicity. The manner of death is accident.

Electronically signed by Miguel A. Laboy, M.D. on Monday, September 14, 2026*

Miguel A. Laboy, M.D.
Senior Associate Medical Examiner

MAL/pc
T: 7/4/2026

NMS Labs
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

CONFIDENTIAL

Toxicology Report

Report Issued 08/02/2026 10:00

To: **10341**
Forensic Medical Management Services - Nashville
850 R.S. Gass Blvd.
Nashville, TN 37216

Patient Name	CHAMBERS, BRYTAVIOUS
Patient ID	26-2030
Chain	NMSCP549881
DOB	Not Given
Sex	Male
Workorder	26286760

Positive Findings:

Analyte	Result	Units	Matrix Source
Mitragynine	**5.1**	**ng/mL**	**001 - Femoral Blood**
7-Hydroxy Mitragynine	**130**	**ng/mL**	**001 - Femoral Blood**
Mitragynine Pseudoindoxyl	**36**	**ng/mL**	**001 - Femoral Blood**
Dihydro-7-Hydroxy Mitragynine	**9.0**	**ng/mL**	**001 - Femoral Blood**
Ethanol	**12**	**mg/dL**	**001 - Femoral Blood**
Blood Alcohol Concentration (BAC)	**0.012**	**g/100 mL**	**001 - Femoral Blood**
Caffeine	**Presump Pos**	**mcg/mL**	**001 - Femoral Blood**
Cotinine	**Presump Pos**	**ng/mL**	**001 - Femoral Blood**
Nicotine	**Presump Pos**	**ng/mL**	**001 - Femoral Blood**
Norketamine	**150**	**ng/mL**	**001 - Femoral Blood**
Ketamine	**100**	**ng/mL**	**001 - Femoral Blood**

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
2025B	Expanded Kratom Alkaloids, Blood
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Glass Tube	11.75 mL	06/19/2026 12:39	Femoral Blood	26-2030
002	Red Stopper Glass Tube	3.75 mL	06/19/2026 12:39	Vitreous Fluid	26-2030
003	White Cap Plastic Container	25 mL	06/19/2026 12:39	Urine	26-2030

002 LIGHT BROWN

All sample volumes/weights are approximations.
Specimens received on 06/23/2026.

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Mitragynine	5.1	ng/mL	1.0	001 - Femoral Blood	LC-MS/MS
7-Hydroxy Mitragynine	130	ng/mL	1.0	001 - Femoral Blood	LC-MS/MS
Substance(s) known to interfere with the identity and/or quantity of the reported result: 7-Hydroxy Speciogynine					
Mitragynine Pseudoindoxyl	36	ng/mL	1.0	001 - Femoral Blood	LC-MS/MS
Dihydro-7-Hydroxy Mitragynine	9.0	ng/mL	1.0	001 - Femoral Blood	LC-MS/MS
Ethanol	12	mg/dL	10	001 - Femoral Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.012	g/100 mL	0.010	001 - Femoral Blood	Headspace GC
Caffeine	Presump Pos	mcg/mL	0.20	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique is recommended.					
Cotinine	Presump Pos	ng/mL	200	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique is recommended.					
Nicotine	Presump Pos	ng/mL	100	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique is recommended.					
Norketamine	150	ng/mL	20	001 - Femoral Blood	LC-MS/MS
Ketamine	100	ng/mL	40	001 - Femoral Blood	LC-MS/MS
Ethanol	Confirmed	mg/dL	10	001 - Femoral Blood	Headspace GC

Examination of the specimen(s) submitted did not reveal any reportable findings by procedure(s) outlined in the accompanying Analysis Summary, other than those listed above. Interpretation of reported findings should be based on the totality of available case information. Reference information is not case-specific but is provided as a general guide.

Reference Comments:

1. 7-Hydroxy Mitragynine (7-OH; 7-OH Mitragynine) - Femoral Blood:

   7-Hydroxy Mitragynine is a metabolite of mitragynine, an alkaloid from the plant Mitragyna speciosa (Kratom). 7 -Hydroxy Mitragynine is typically a minor constituent of the Kratom plant (approximately 2%). 7-Hydroxy Mitragynine is a partial mu opioid receptor agonist with higher activity and binding affinity compared to mitragynine and estimated opioid receptor affinity 10-20 times more potent than morphine.

   In a study of kratom leaf powder consumption, plasma mitragynine and 7-hydroxy mitragynine concentrations were less than 215 and 40 ng/mL, respectively, with peak concentrations achieved around 1.2-2 hrs. In cases of 7-hydroxy mitragynine present due to metabolism, mitragynine concentrations tend to be larger than co-

Reference Comments:

reported 7-hydroxy mitragynine.

7-Hydroxy Mitragynine has been synthetically enhanced in commercial kratom products with higher constituent levels compared to those measured in raw kratom leaves. There are a wide variety of kratom products available for oral consumption and toxicity concerns arise with high doses, synthetic alkaloid enhancement, or combinations with other substances, leading to potential opioid-like toxicity or cardiovascular events.

7-Hydroxy Speciogynine, a noted interferent, is the metabolite/biotransformation product of speciogynine. Speciogynine is another kratom alkaloid, typically found at much smaller concentrations compared to mitragynine. If 7-hydroxy mitragynine is present in the absence of or with a low concentration of mitragynine, it is unlikely 7-hydroxy speciogynine is contributing to the result.

7-Hydroxy Mitragynine is known to be unstable, particularly in biological matrices, and will be enzymatically degraded to mitragynine pseudoindoxyl. The results should be interpreted with caution, as the reported concentration may be lower than the concentration present at the time of specimen collection.

The blood to plasma ratio is unknown.

2. Dihydro-7-Hydroxy Mitragynine (MGM-15) - Femoral Blood:

   Dihydro-7-Hydroxy Mitragynine (MGM-15) is a synthetic derivative of mitragynine, an alkaloid from the plant Mitragyna speciosa (Kratom), used for its stimulant, analgesic, and opioid-like effects. Dihydro-7-Hydroxy Mitragynine has demonstrated greater binding affinities to opioid receptors, indicating potential for increased opioid effects and risks. There are a wide variety of kratom products available for oral consumption and toxicity concerns arise with high doses, synthetic alkaloid enhancement, or combinations with other substances, leading to potential opioid-like toxicity or cardiovascular events.

3. Ethanol (Ethyl Alcohol) - Femoral Blood:

   Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples.

4. Ketamine (Ketalar®) - Femoral Blood:

   Ketamine is a rapidly acting general dissociative anesthetic, structurally related to phencyclidine (PCP). It is widely used in emergency medicine and has emerging applications in the treatment of depression. Ketamine is also misused recreationally for its hallucinogenic and dissociative effects. For induction of anesthesia via the intravenous (IV) route, a typical initial dose ranges from 1 to 4.5 mg/kg. The reported half-life is approximately 2 -7 hr.

   Following a 2.5 mg/kg IV dose, mean serum ketamine concentrations were 1000 ng/mL at 12 min and declined to 500 ng/mL by 30 min. The IV administration of 2 mg/kg followed by continuous infusion at 41 mcg/kg/min produced an average steady-state plasma concentration of 2200 ng/mL. Postmortem blood concentrations may exceed 5000 ng/mL, depending on dose and route of administration.

   Single sub-anesthetic doses to healthy individuals have produced sedation and perceptual distortions up to 2 hr. Reported adverse effects include visual disturbances, drowsiness, agitation, blank stare, hallucinations, delusions, increased respiratory rate, hyperthermia, irrational behavior, and/or dream-like states.

   The blood to plasma ratio is approximately 1.6-1.7.

   This test does not differentiate between ketamine and esketamine (Spravato®, Ketanest®).

5. Mitragynine (Kratom) - Femoral Blood:

   Mitragynine, an alkaloid from the plant Mitragyna speciosa (Kratom), is used for its stimulant, analgesic, and opioid-like effects. Mitragynine is metabolized in the liver via cytochrome P450 enzymes, particularly CYP3A4, and has a half-life of approximately 23 +/- 16 hr. Metabolites of mitragynine include 7-hydroxy mitragynine and mitragynine pseudoindoxyl. Mitragynine has a large volume of distribution and can be prone to postmortem redistribution.

   Pharmacologically, it acts as a partial agonist at mu-opioid receptors and also interacts with adrenergic and serotonergic systems. Its effects are dose-dependent, with stimulant properties in low doses and sedating effects in larger ones. There are a wide variety of kratom products available for oral consumption and toxicity

Reference Comments:

concerns arise with high doses, synthetic alkaloid enhancement, or combinations with other substances, leading to potential opioid-like toxicity or cardiovascular events.

In a small study, peak plasma concentrations after drinking tea prepared from 2 g of dry leaf kratom material ranged from 20-70 ng/mL after approximately 1 hr. In a set of 5413 postmortem cases, the mean mitragynine blood concentration was 360 ng/mL (range 5.4-11000 ng/mL). Symptoms of mitragynine toxicity may include agitation, drowsiness, and tachycardia. In three cases which ruled mitragynine as the sole substance reported in the cause of death, postmortem peripheral blood concentrations ranged from 1590-3420 ng/mL.

The blood to plasma ratio is approximately 1.0. Mitragynine is stable for up to 30 days in biological matrices under refrigerated conditions.

6. Mitragynine Pseudoindoxyl - Femoral Blood:

Mitragynine Pseudoindoxyl is a metabolite of mitragynine, an alkaloid from the plant Mitragyna speciosa (Kratom), used for its stimulant, analgesic, and opioid-like effects. It is a full mu opioid agonist, which may help to account for kratom's analgesic activity and toxicity.

Mitragynine Pseudoindoxyl has been synthetically enhanced in commercial kratom products (i.e. capsules, tablets, powder, concentrated extracts). There are a wide variety of kratom products available for oral consumption and toxicity concerns arise with high doses, synthetic alkaloid enhancement, or combinations with other substances, leading to potential opioid-like toxicity or cardiovascular events. Therefore, mitragynine pseudoindoxyl is considered a significant contributing factor involved with the adverse events associated with kratom use.

7-Hydroxy Mitragynine, a metabolite and minor alkaloid in the kratom plant, is known to be unstable, particularly in biological matrices, and will be enzymatically degraded to mitragynine pseudoindoxyl. The results should be interpreted with caution, as the reported concentration of mitragynine pseudoindoxyl may be higher than the concentration present at the time of specimen collection.

7. Norketamine (Ketamine Metabolite) - Femoral Blood:

Norketamine is the active metabolite of ketamine, a dissociative anesthetic used in emergency medicine and in the treatment of depression. It has approximately 20-30% of the potency of ketamine.

Following intravenous administration of 2 mg/kg ketamine and continuous infusion of 41 mcg/kg/min, peak norketamine plasma concentrations averaged 1050 ng/mL, occurring near the end of the 3 hr infusion.

Reported adverse effects include visual disturbances, drowsiness, agitation, blank stare, hallucinations, delusions, increased respiratory rate, hyperthermia, irrational behavior, and/or dream-like states.

The blood to serum or plasma ratio is unknown.

Norketamine may originate from either ketamine or esketamine (Spravato®, Ketanest®).

Sample Comments:

001 Physician/Pathologist Name: LABOY

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 26286760 was electronically signed on 08/02/2026 09:07 by:

Victoria Hill

Victoria L. Hill, MSFT, D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

The following test(s) were performed for this case; the scope of each test includes the analyte(s) listed along with the associated reporting limit(s). The reporting limit is the lowest concentration of the analyte that will be reported as positive. Only results that meet reporting criteria at or above the reporting limit appear in the Positive Findings section of the report.

Test 2025B - Expanded Kratom Alkaloids, Blood: 001 - Femoral Blood

-Analysis by Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
7-Hydroxy Mitragynine	1.0 ng/mL	Mitragynine	1.0 ng/mL
Dihydro-7-Hydroxy Mitragynine	1.0 ng/mL	Mitragynine Pseudoindoxyl	1.0 ng/mL

Test 52058B - Ketamine and Metabolite Confirmation, Blood: 001 - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Ketamine	40 ng/mL	Norketamine	20 ng/mL

Test 52248B - Alcohols and Acetone Confirmation, Blood: 001 - Femoral Blood

-Analysis by Headspace Gas Chromatography (GC) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

Test 53249FL - Alcohols and Acetone Confirmation, Vitreous Fluid (Forensic): 002 - Vitreous Fluid

-Analysis by Headspace Gas Chromatography (GC) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

Test 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic): 001 - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

Analysis Summary and Reporting Limits:

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

This test is pending New York State approval.

End of Report

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.