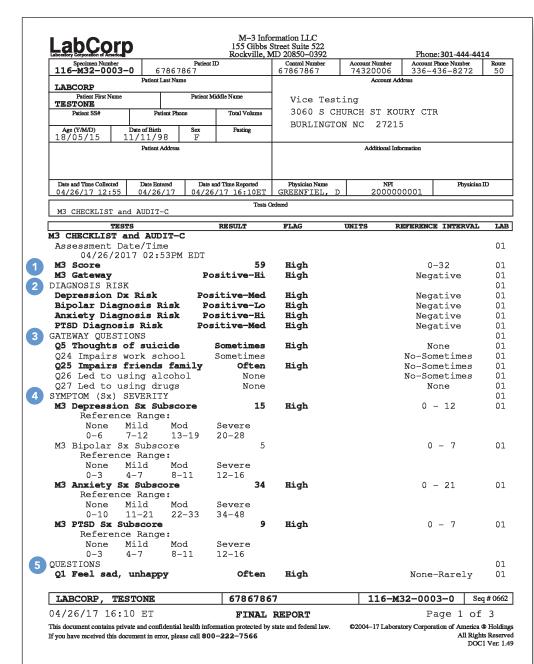
## Sample LabCorp Report Highlighting the M3 Scores

### How to Review this Report

This lab report is organized like any other LabCorp report. The left-hand column entitled "TESTS" shows requested assessment results for the M3 Checklist and/or the AUDIT-C. The "RESULT" column displays overall findings relative to the results of the assessment, i.g. M3 Score, M3 Gateway, Diagnosis Risk by condition, Gateway Questions, Symptom Severity Subscores by condition, and responses to Questions. "FLAG" identifies out-of-range scores, which are either "High" or blank. Items flagged as "HIGH" are bolded and suggest the need for special attention to better understand the nature of the patient's response, and how they relate to the relevant mental health condition. The "REFERENCE RANGE" identifies the expected baseline range for each item.

- 1 M3 Score indicates the overall level of mental health symptom burden. Greater than 32 is flagged as High. It includes the M3 Gateway, which, when positive, indicates impairment in functional status and overall level of diagnosis risk. The Gateway is positive if any of the five Gateway questions (Q5 & Q24-27) are positive.
- 2 Diagnosis Risk. A psychiatric diagnosis requires significant impairment in function, which is indicated by a positive Gateway. A sufficient level of symptoms is also required to meet diagnostic criteria for any condition. Generally, each Diagnosis Risk incorporates both requirements into its result.
- 3 The **Gateway Questions** (questions 5 and 24 through 27) address functional impairment, substance use, and thoughts of suicide. Suicide assessment is included to minimize risk when treating mood and anxiety disorders. Positive answers to these questions should be followed by additional inquiries to better understand the patient's response and to determine whether this is a change or there is need for further intervention.
- 4 Symptom Severity indicates the severity of symptoms for each of the four clinical conditions. These sub–scores are most sensitive to change over time, and their review should be combined with reviewing at the responses for each condition.
- 5 The 27 Questions and responses inform how the clinician focuses on further assessment after reviewing the report. Responses flagged as "High" have the highest severity and can be targets for more detailed review with the patient. Categorically, the questions track symptoms as follows:
  - Depression: 1-7
  - Anxiety: 8-19 (GAD 8-9; Panic 10-11; Social 12; OCD 17-19)
  - PTSD: 13-16Bipolar: 20-23



#### Sample LabCorp Report Highlighting the M3 Scores (continued)

LabCorp	155 Gibbs	ormation LLC Street Suite 522		77 204 444	
Laboratory Corporation of America	ROCKVIIIe, N	/ID 20850-0392		Phone: 301-444	
LABCORP, TESTONE	Patient Name			116-M32-00	
Account Number Patient ID	Control Number	Date and Time Collected	Date Reported	Sex Age(Y/M/D)	Date of Birth
74320006 67867867	67867867	04/26/17 12:55	04/26/17	F 18/05/15	11/11/98
TESTS	RESULT	FLAG	UNITS	REFERENCE INTERV	AL LAB
Q2 Can't concentrate/focus	Sometimes	High		None-Rarely	7 01
Q3 Nothing gives pleasure	Sometimes	High		None-Rarely	7 01
Q4 Tired, no energy	Sometimes	High		None-Rarely	7 01
Q6A Difficulty sleeping	Sometimes	High		None-Rarely	7 01
Q6B Sleeping too much	Rarely			None-Rarely	7 01
Q7A Decreased appetite	Sometimes	High		None-Rarely	7 01
Q7B Increased appetite	Sometimes	High		None-Rarely	7 01
Q8 Tense anxious can't sit	Often	High		None-Rarely	7 01
Q9 Worried or fearful	Often	High		None-Rarely	7 01
Q10 Panic Attacks	Sometimes	High		None-Rarely	7 01
Q11 Dying losing control	Often	High		None-Rarely	7 01
Q12 Nervous shaky social	Often	High		None-Rarely	7 01
Q13 Nightmares, flashbacks	Rarely			None-Rarely	7 01
Q14 Jumpy, startled easily	Sometimes	High		None-Rarely	7 01
Q15 Avoids places	Often	High		None-Rarely	7 01
Q16 Dull numb or detached	Often	High		None-Rarely	7 01
Q17 Can't get thoughts out	Most time	High		None-Rarely	7 01
Q18 Must repeat rituals	Often	High		None-Rarely	7 01
Q19 Need to check/recheck	Most time	High		None-Rarely	7 01
Q20 More energy than usual	Sometimes	High		None-Rarely	7 01
Q21 Irritable angry	Sometimes	High		None-Rarely	7 01
Q22 Excited revved high	Rarely			None-Rarely	7 01
Q23 Needed less sleep	None			None-Rarely	7 01
Comments:					01

The M3 Score reflects relative symptom severity. The M3 Gateway, when positive, reflects a negative impact on lifestyle and function. Both are considered when assessing diagnosis risk and when comparing prior scores [1]. The Diagnosis Risk reflects the likelihood of having a diagnosis based on both the Symptom and the Gateway ratings when compared to the MINI [2]. Those who deny role impairment (Q24-25), substance abuse (Q26-27), and suicidal ideation (Q5), will have a negative Gateway and negative Diagnosis Risk, even with higher symptom scores. People with negative Gateways and M3 Scores less than 33 have the lowest likelihood of having a diagnosis. The highest M3 Score is 108.

A) All proposed categories of Risk (low, med, high) are positive and may be used for risk stratification pending further studies.

B) The M-3 Checklist is a screening test designed to aid in the detection of common mental health conditions. It is not a diagnostic procedure and should not be used as the sole means of detecting these conditions. Both false-positive and false-negative reports do occur [1]. The diagnoses screened for include major depressive, bipolar, posttraumatic stress, and anxiety disorders (generalized anxiety, social anxiety, panic, and obsessive-compulsive disorders).

LABCORP, TESTONE	67867867	116-M32-0003-0	Seq # 0662
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M-3 Information LLC LabCorp 155 Gibbs Street Suite 522 Rockville, MD 20850-0392 Phone: 301-444-4414 116-M32-0003-0 Age(Y/M/D) Date of Birth Control Number Date and Time Collected Date Reported 74320006 67867867 04/26/17 12:55 04/26/17 F 18/05/15 11/11/98 67867867 TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB C) When the Gateway Questions 24, 25, 26, or 27, or Question 5, are out of range, this suggests a positive impairment, meaning a likely impact on lifestyle. D) Symptom subscores in the Moderate or Severe range are flagged with a High. E) Patient instructions are as follows: For Q1-Q19: 'Over the past two weeks, have there been phases or periods when you have noticed the following? For Q20-Q23: 'Since you last took this screen, have there been phases or periods when you have noticed the following?' For Q24-Q27: 'Have you noticed whether any of the symptoms you described:' References: 01 [1] Gaynes et al., 2010. Feasibility and Diagnostic Validity of the M-3 Checklist: A Brief, Self-Rated Screen for Depressive, Bipolar, Anxiety, and Post-traumatic Stress Disorders in Primary Care. Ann Fam Med 8(2):160. [2] Sheehan et al., 1998. The Mini-International Neuropsychiatric Interview (M.I.N.I.): The Development and Validation of a Structured Diagnostic Psychiatric Interview for DSM-IV and ICD-10. J Clin Psych 59(20):22. Disclaimer: 01 This is not intended as a medical or other professional service, and the use of the M-3 Checklist or any other M3 materials is not intended to create, and does not create any medical or other professional services relationship. Use of the M-3 Checklist and other M3 materials is not an adequate substitute for obtaining medical or other professional advice, diagnosis or treatment from a qualified licensed healthcare provider. The M-3 Checklist and other M3 materials are provided 'as is' without any warranties of any kind, either express or implied, and M3 disclaims all warranties including liability for indirect or consequential damages. M3 Checklist was developed by M3 Information, and the assessment is made available through LabCorp, its exclusive US distributor. M-3 Checklist (c) 2010, M-3 Information, LLC

LABCORP, TESTONE	67867867	116-M32-0003-0	Seq # 0662

04/26/17 16:10 ET **FINAL REPORT** 

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# Sample LabCorp Report Highlighting the AUDIT-C Scores

corporation o	Or Americal	)	Rockville, N	Street Suite 522 MD 20850–0392			ne:301-444	
Specimen N 122-M32-0				Control Number 123123123	74320006	336-	Phone Number 436-8272	Rout 50
LABCORP		Patient Last Nan	ne		Accoun	t Address		
Patient Fir TESTTHRE	st Name		Patient Middle Name	Vice Testi	ing			
Patient SS#		Patient Pho	ne Total Volume	3060 S CHU			R	
Age (Y/M/D) 18/05/21	1	Date of Birth 1/11/98	Sex Fasting M	BURLINGTON	NC 272	215		
10/03/21	1	Patient Address	ri		Additional	Information		
Date and Time Co 05/02/17 1	bllected .5:10	Date Entered 05/02/17	Date and Time Reported 05/02/17 16:52ET	Physician Name GREENFIEL, D	2000	000001	Physici	ian ID
AUDIT-C			Tests C	Ordered				
	TEST	?S	RESULT	FLAG	UNITS	REFERENC	E INTERVA	L L
<b>UDIT-C</b> Assessme	nt Da	te/Time						0
05/0		17 03:19PM		***		.,		
AUDIT-C	Total	Score	Positive 5	High High		Neg	gative 0-2	0
		in past ye	_				· 2	0
Q2 How ma	any o	n a typic	al day 3-4 drinks					0
Q3 6+ dr:	inks	per occas	ion Never				lever	
Comments A) A (6+	: UDIT- at o	- -C identif once) or f	ies people at hi	disorder. A Po	sitīve t	inking test is	ievei	
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### How to Review this Report

The AUDIT-C identifies people at high risk for Alcohol Use Disorder. This report is organized like any other LabCorp report. The left-hand column entitled "TESTS" shows the measure or question of the requested assessment results for the AUDIT-C (e.g. question 1). The "RESULT" column displays overall findings relative to the results of the assessment (e.g. Positive). "FLAG" identifies out-of-range scores, which are either "High" or blank. Items flagged as "HIGH" are bolded and suggest the need for special attention to better understand the nature of the responses and how they relate to alcohol use. The "REFERENCE RANGE" identifies the expected baseline range for each item.

- 1 AUDIT-C Total Score A positive test is a total score of 3 or higher (some use 4 as the threshold for men) or any response to Q3 other than "Never."
- Questions The response to each question can be reviewed. Responses inform the clinician how to focus further assessment of the patient. These questions relate to frequency, quantity, and the presence of binging behavior. Any positive response to Question 3, despite a negative overall result, warrants further questioning.

