

# 14 drug test panel

**14 drug test panel** is a comprehensive drug screening tool widely used in various settings such as workplaces, rehabilitation centers, and legal contexts to detect the presence of multiple substances in an individual's system. This type of drug test panel screens for 14 different drugs or drug classes, providing a broad spectrum analysis to ensure safety, compliance, and health monitoring.

Understanding what substances are included, how the test is administered, and interpreting the results are crucial for both employers and individuals undergoing testing. The 14 drug test panel offers a balance between thoroughness and efficiency, making it a popular choice over smaller or more extensive panels. This article will delve into the substances tested, testing methods, advantages, limitations, and frequently asked questions related to the 14 drug test panel.

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# What Is a 14 Drug Test Panel?

A 14 drug test panel is a multi-analyte drug screening test designed to detect the presence of 14 specific drugs or drug metabolites in a biological sample such as urine, saliva, hair, or blood. This panel is more comprehensive than basic drug tests that typically screen for 5 or 10 substances. It is commonly used by employers, medical professionals, and legal authorities to monitor drug use, ensure workplace safety, and support drug rehabilitation programs. The 14 drug test panel is tailored to identify commonly abused substances, prescription medications that may be misused, and illicit drugs.

## Drugs Included in the 14 Drug Test Panel

The specific drugs and drug classes tested in a 14 drug test panel can vary slightly depending on the testing provider or laboratory, but generally, it includes the following substances:

- Amphetamines (AMP) – including methamphetamine and MDMA (ecstasy)
- Barbiturates (BAR)
- Benzodiazepines (BZO)
- Cocaine (COC)
- Marijuana/THC (THC)
- Methadone (MTD)
- Opiates (OPI) – including heroin, codeine, and morphine
- Phencyclidine (PCP)
- Propoxyphene (PPX)

- Tricyclic Antidepressants (TCA)
- Oxycodone (OXY)
- Hydrocodone (HYC)
- Ecstasy (MDMA)
- Buprenorphine (BUP)

This wide range enables detection of both illegal drugs and legally prescribed medications that may be subject to abuse or misuse.

## Testing Methods for the 14 Drug Test Panel

The 14 drug test panel can be conducted using several different biological samples, each with its advantages and limitations. The most common sample types include urine, oral fluid (saliva), hair, and blood.

### Urine Testing

Urine drug testing is the most frequently used method for 14 drug test panels due to its non-invasive collection process, cost-effectiveness, and relatively long detection window for many substances. It can detect recent to moderate past drug use depending on the substance.

### Oral Fluid Testing

Saliva testing is less invasive and easier to supervise than urine collection, reducing the risk of sample tampering. However, the detection window is usually shorter, detecting only very recent drug use,

typically within 24 to 48 hours.

## Hair Testing

Hair follicle testing provides the longest detection window, often up to 90 days. It is highly resistant to adulteration and provides a historical record of drug use but is more expensive and less common for routine employment drug screening.

## Blood Testing

Blood tests are highly accurate and provide real-time information about drug presence and concentration in the bloodstream. However, they are invasive, expensive, and typically used in medical or forensic settings rather than routine screenings.

## Advantages of Using a 14 Drug Test Panel

The 14 drug test panel offers several benefits that make it a preferred choice for many organizations and professionals:

- **Comprehensive Coverage:** Detects a broad range of substances including both illicit drugs and prescription medications.
- **Improved Safety:** Helps ensure workplace safety by identifying employees who may be impaired or at risk.
- **Legal Compliance:** Meets regulatory requirements for industries requiring extensive drug screening.
- **Cost-Effective:** Provides thorough testing in a single panel, reducing the need for multiple tests.

- **Versatility:** Can be adapted for different sample types to suit specific requirements.

## **Limitations and Considerations**

While the 14 drug test panel is extensive, there are some limitations and factors to consider when using this testing method.

## **Detection Windows Vary**

The ability to detect drugs depends on the type of substance, amount used, frequency of use, and the biological sample tested. Some drugs may only be detectable for a few days, while others remain traceable for weeks.

## **False Positives and Negatives**

Cross-reactivity with certain medications or substances can lead to false positives, while improper sample collection or timing can result in false negatives. Confirmatory testing, such as gas chromatography-mass spectrometry (GC-MS), is often recommended after initial positive results.

## **Privacy and Consent**

Drug testing must be conducted in compliance with privacy laws and regulations, ensuring that individuals provide informed consent and that test results are handled confidentially.

# Interpreting the Results

Understanding the results of a 14 drug test panel requires knowledge of cutoff levels, detection windows, and the presence of metabolites rather than the parent drug itself. A positive result indicates that the tested substance or its metabolite was detected above the established threshold, suggesting recent or past drug use.

Negative results mean no detectable levels were found at or above the cutoff. However, negative results do not guarantee the absence of drug use, as timing and other factors can influence detection. In many cases, positive results must be confirmed with more specific laboratory techniques to rule out false positives.

## Frequently Asked Questions

### **How long does it take to get results from a 14 drug test panel?**

Results from a 14 drug test panel typically take from a few hours to a few days depending on the testing method and laboratory processing times. Rapid immunoassay tests provide quick preliminary results, while confirmatory tests may require additional time.

### **Can the 14 drug test panel detect synthetic drugs?**

Standard 14 drug test panels primarily detect common drugs and some prescription medications but may not include newer synthetic drugs or designer substances unless specifically included by the testing provider.

### **Is the 14 drug test panel suitable for pre-employment screening?**

Yes, the 14 drug test panel is widely used for pre-employment drug screening due to its comprehensive coverage and ability to detect a range of substances that may impact job performance.

and safety.

## **What factors can affect the accuracy of the 14 drug test panel?**

Factors such as sample collection method, timing of drug use, hydration levels, metabolism, and potential adulteration can affect test accuracy. Proper procedures and confirmatory testing help minimize errors.

## **Frequently Asked Questions**

### **What is included in a 14 drug test panel?**

A 14 drug test panel typically screens for substances such as amphetamines, cocaine, marijuana (THC), opiates, phencyclidine (PCP), benzodiazepines, barbiturates, methadone, methamphetamine, oxycodone, propoxyphene, tricyclic antidepressants, MDMA (ecstasy), and synthetic cannabinoids.

### **How accurate is a 14 drug test panel?**

A 14 drug test panel is generally highly accurate when performed in a certified laboratory using urine, blood, or hair samples. However, accuracy depends on the testing method, sample collection, and the timing of the test relative to drug use.

### **How long do drugs stay detectable in a 14 drug test panel?**

Detection windows vary by drug and testing method. For example, marijuana can be detected for days to weeks, while cocaine might be detectable for 2-4 days. Other substances like benzodiazepines or methadone may have longer detection periods depending on usage.

### **Can prescription medications affect the results of a 14 drug test**

## **panel?**

Yes, some prescription medications such as benzodiazepines, oxycodone, or methadone are included in the panel and will test positive if present. It's important to inform the testing administrator about any prescribed drugs to avoid false positives or misunderstandings.

## **What types of samples are used for a 14 drug test panel?**

Common sample types include urine, blood, saliva, and hair. Urine is the most frequently used sample due to its ease of collection and relatively long detection window.

## **How long does it take to get results from a 14 drug test panel?**

Results from a 14 drug test panel typically take from a few hours up to a few days, depending on the testing laboratory and the complexity of the panel. Rapid tests might provide preliminary results within minutes but require confirmation by lab testing.

## **Is a 14 drug test panel used for workplace drug screening?**

Yes, many employers use a 14 drug test panel for pre-employment screening, random testing, or post-incident testing to ensure workplace safety and compliance with company policies.

## **Can a 14 drug test panel detect synthetic or designer drugs?**

Some 14 drug test panels include synthetic cannabinoids or designer drugs, but detection depends on the specific substances included in the panel and the testing technology used. Not all synthetic drugs are covered unless the panel is specifically designed to detect them.

## **Additional Resources**

### *1. Comprehensive Guide to 14-Panel Drug Testing*

This book provides an in-depth exploration of 14-panel drug tests, detailing the substances detected and the methodologies used. It covers the science behind drug metabolism and the interpretation of

test results. Ideal for medical professionals and testing technicians seeking a thorough understanding of multi-panel drug screening.

## *2. Understanding Multi-Panel Drug Screening: Focus on 14-Panel Tests*

Designed for healthcare providers and workplace safety officers, this book explains the components of the 14-panel drug test and its applications. It discusses the legal and ethical considerations involved in drug testing. Readers will gain insights into sample collection, handling, and accuracy challenges.

## *3. Drug Testing in the Workplace: The 14-Panel Approach*

This title addresses the implementation of 14-panel drug tests in occupational settings. It highlights best practices for maintaining compliance with regulations while ensuring employee privacy. The book also examines case studies illustrating common pitfalls and solutions in workplace drug screening programs.

## *4. Laboratory Techniques for 14-Panel Drug Testing*

A technical guide for laboratory personnel, this book delves into the analytical techniques used in 14-panel drug testing, such as immunoassays and GC-MS confirmation. It provides step-by-step protocols for accurate testing and quality control measures. Emphasis is placed on minimizing false positives and negatives.

## *5. Legal Perspectives on 14-Panel Drug Testing*

Focusing on the legal framework surrounding drug testing, this book explores the rights of individuals and obligations of employers regarding 14-panel drug screens. It discusses state and federal laws, privacy issues, and the implications of test results in legal disputes. This resource is valuable for legal professionals and HR managers.

## *6. 14-Panel Drug Tests: Interpretation and Clinical Implications*

This publication offers guidance on interpreting 14-panel drug test results in clinical settings. It explains how various drugs interact in the body and affect test outcomes. Physicians and addiction specialists will find practical advice for using test data to inform treatment decisions.

### *7. Advances in Drug Detection: The 14-Panel Test Evolution*

This book chronicles the development of the 14-panel drug test, highlighting technological advancements that have improved sensitivity and specificity. It also discusses emerging trends in drug screening and potential future expansions of testing panels. Readers interested in the science of drug detection will find this insightful.

### *8. Practical Handbook for 14-Panel Drug Test Administrators*

A hands-on resource, this handbook covers the day-to-day administration of 14-panel drug tests, including sample collection, chain of custody, and reporting. It offers checklists and troubleshooting tips to ensure compliance and reliability. This is essential reading for supervisors and testing coordinators.

### *9. Substance Abuse and 14-Panel Drug Testing: A Comprehensive Overview*

This book links the clinical aspects of substance abuse with the role of 14-panel drug tests in diagnosis and monitoring. It reviews common substances detected and their effects on behavior and health. Addiction counselors, social workers, and healthcare providers will benefit from its multidisciplinary approach.

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**14 drug test panel: Karch's Drug Abuse Handbook** Steven Karch, Bruce A. Goldberger, 2022-11-29 Karch's Drug Abuse Handbook, Third Edition remains the quintessential compendium addressing the pharmacological, medical, and legal aspects of drugs and informing the forensic community of the latest scientific advances and emergent practices. For this edition, Dr. Karch has brought on clinical and forensic toxicology expert Dr. Bruce Goldberger, editor-in-chief of the Journal of Analytical Toxicology and president of the American Board of Forensic Toxicology, to serve as co-editor. In addition, world-renowned scientists and medical professionals have contributed their work and expertise in tackling the latest developments in drug testing, drug-related medical emergencies, and the drug toxicology. Topics addressed include genetic testing in drug death investigation, pathology, toxicogenetics, alcohol, post-mortem toxicology, new psychoactive substances, the latest legal issues and challenges as well as drugs and drug testing in sports, and the ethical, legal, and practical issues involved. Vivid pictures and diagrams throughout

illustrate the pathological effects of drugs and the chemical make-up and breakdown of abused drugs. With unparalleled detail, the latest research and the highest level of authoritative medical scientific information, The Drug Abuse Handbook, Third Edition remains the definitive resource for drug related issues.

**14 drug test panel: Alcohol and Other Drug Screening of Hospitalized Trauma Patients**

Peter O. Rostenberg, 1995

**14 drug test panel:** Lowinson and Ruiz's Substance Abuse Pedro Ruiz, Eric C. Strain, 2011 A comprehensive, authoritative text on all aspects of substance abuse and addiction medicine. Scientific topics such as the biology of various addictions and all dimensions of clinical treatment and management are addressed by a wide range of leading contributors. Behavioral addictions are addressed also, so the text is not solely devoted to specific substances and their misuse--Provided by publisher.

**14 drug test panel: The Nude Mouse in Oncology Research** Epie Boven, 2018-01-18 The nude, athymic mouse (nu/nu) has become generally accepted as a valuable tool to study the biology and therapy of human cancers. This volume presents a critical review of the scientific merits of the animal as a recipient of human tumor tissue transplants. Important information is provided regarding biology, immunology, and measures for genetic and microbiological control of the nude mouse. The discussion of transplantation sites and transplantability of human tumor tissue to the animals includes both the description of host factors and the tumor type involved. The characterization and monitoring of xenografts is followed by a review on their possible application for studies in tumor biology, such as hormones, growth factors, drug resistance, tumor markers, and heterogeneity. Experimental therapy is dedicated to cytostatic agents, hormones, monoclonal antibodies, cytokines, differentiation inducers and radiotherapy. The book also provides critical remarks regarding the limitation of the nude-mouse tumor models. The Nude Mouse in Oncology Research will provide essential reference information for oncology researchers, researchers who work with the nude mouse on a regular basis, and pharmaceutical companies.

**14 drug test panel: Decisions and Orders of the National Labor Relations Board** United States. National Labor Relations Board, 2007

**14 drug test panel:** *Workplace Drug Testing* Alain G. Verstraete, 2011 This comprehensive text provides clear explanations of the effects of drugs on human performance and the need for workplace drug testing. It provides essential information on the regulatory and legal frameworks around the world, how to set policies and coverage of all aspects of drug analysis and the associated interpretation of results. Contents include: \* epidemiology of drug use in the working population \* the evidence base and guidelines for workplace drug testing \* legal, regulatory aspects and policies for drugs and alcohol \* urine and alternative sample collection process \* analytical techniques and specimen adulteration. Case studies of successful programmes are also included to illustrate the principles discussed. Written by internationally acknowledged experts this informative book will be essential reading for anyone interested in workplace drug testing or setting up such a system including clinical and forensic toxicologists, occupational health physicians, nurses, human resources, drug counselling and treatment providers, analytical chemists and lawyers. Alain Verstraete is Professor at the Department of Clinical Chemistry, Microbiology and Immunology, Ghent University, Ghent, Belgium and Department Head of the Toxicology Laboratory of the Laboratory of Clinical Biology, Ghent University Hospital, Ghent, Belgium.

**14 drug test panel: On-Site Drug Testing** Amanda J. Jenkins, Bruce A. Goldberger, 2002-01-28

It is at least a decade since scientists turned their imaginations to creating new compact, portable test instruments and self-contained test kits that could be used to analyze urine and saliva for alcohol, drugs, and their metabolites. Although the potential applications for such tests at the site of specimen collection, now called "on-site" or "point-of-care" testing, range far beyond hospital emergency rooms and law enforcement needs, it was catalyzed by the requirements of workplace drug testing and other drugs-of-abuse testing programs. These programs are now a minor national industry in the United States and in some western European countries, and cover populations as

diverse as the military, incarcerated criminals, people suspected of driving under the influence of alcohol and other drugs, all athletes from college to professional ranks, and of course the general employed population, which is monitored for illegal drug use and numbers in the millions. It is not surprising, then, that the need for rapid and precise tests, conducted economically by trained professionals, has become a major goal. Current government approved and peer reviewed laboratory methods for urine analysis serve present needs very well and have become remarkably robust over the past twenty years, but the logistics of testing some moving populations, such as the military, the Coast Guard, workers on off-shore oil platforms, and athletes—perhaps the most mobile of these groups—are unacceptably cumbersome.

**14 drug test panel: Drug Courts** James E. Lessenger, Glade F. Roper, 2008-07-17 I've done them all, and I'm not talking about stage, screen, and television. I stopped taking drugs in the 1970s and stopped smoking in the 1980s. I ceased drinking in the 1990s when I needed a liver transplant and my doctors told me they wouldn't do it if I continued drinking. So, I stopped, got the transplant, and became a friend of Bill W. Stopping was the best thing I ever did, second to marrying Maj. My substance abuse started, like most people's, in high school through peer pressure. It progressed while I was on the stage and in the Air Force, where alcohol was the drug of choice. The problem continued as I worked in motion pictures where the day ended with drinks. When I finally made it big in television, I was drinking a case of champagne a day. I tell myself that I did this because of my insecurities about being at the top, but it also tasted good. Looking back and having read some of the things in this book, I realize that I have the addictive personality and the genetic predisposition to be a substance abuser. All that was necessary was a situation in which I was near drugs and had peer pressure to get me going.

**14 drug test panel: Suicidal Mass Murderers** John Liebert, William J. Birnes, 2017-07-27 On April 16, 2007, Cho Seung-Hui, a student at Virginia Tech with a history of mental illness, became the perpetrator of the most infamous school shooting in the history of the United States. In the aftermath of the killings and Cho's subsequent suicide, one primary question emerged: Why? Suicidal Mass Murderers: A Criminological Study of Why They

**14 drug test panel: Principles and Practice of Critical Care Toxicology** Omender Singh, Deven Juneja, 2019-05-31 Section 1 General Management of Poisoning or Overdose 1. Approach to Unknown Poisoning 2. Laboratory Tests in Poisoning 3. Acid Base Disorders in Poisoning 4. Antidotes. 5. Lipid Emulsion Therapy in the Management of Acute Poisonings 6. Understanding Forensic Toxicology for the Critical Care Specialist Section 2 Drugs of Abuse 7. Central Nervous System Depressants: Overdose And Management 8. Sympathomimetic Drugs. 9. Cocaine 10. Newer Drugs of Abuse. Section 3 CNS Toxins 11. Toxin induced seizures. 12. Toxic Alcohols 13. Botulism. 14. Anticonvulsant Overdose Section 4 Pulmonary Toxins 15. Approach to Respiratory Failure 16. Inhalation Poisoning 17. Carbon Monoxide Poisoning Section 5 Cardiac Toxins 18. Approach to Patient with 19. Aluminum Phosphide 20. Beta-blocker and Calcium Channel Blocker Overdose 21. Sodium channel blockers: TCA, serotonin, and anti-histamines 22. Digoxin and Other Cardiac Glycosides Section 6 Gastrointestinal and Liver Toxins 23. Acetaminophen (Paracetamol) Poisoning. 24. Nsaid Overdose 25. Corrosive Ingestion: Acids and Alkalis Section 7 Hematological Toxins 26. Warfarin and Superwarfarin Toxicity 27. Overdose of Newer Anticoagulants. 28. Dyshemoglobinemias Section 8 Renal toxins and Extracorporeal Therapies 29. Approach to Toxin Induced Acute Renal Failure. 30. Extracorporeal Therapies in the Management of Acute Poisoning: Specific Poisons. 31. Extra Corporeal Toxin Removal: General Principles. 32. Extracorporeal Membrane Oxygenation Section 9 Pesticides and Rodenticides 33. Management of Organophosphate Poisoning. 34. Carbamates and Newer Insecticides 35. Herbicide Poisoning (Paraquat and Diquat 36. Organochlorine Pesticides. 37. Rodenticide Poisoning Section 10 Miscellaneous Toxicities 38. Heavy Metal Poisoning 39. Envenomation 40. Plant Poisoning In India 41. Mushroom poisoning 42. Methotrexate and Other Chemotherapeutic Agents Toxicity. 43. Metformin and other oral hypoglycemic agents 44. Chemical and Biological Warfare. Index

**14 drug test panel: Phlebotomy - E-Book** Robin S. Warekois, Richard Robinson, Pamela

Primrose, 2019-07-26 Master practical phlebotomy skills with *Phlebotomy: Worktext and Procedures Manual*, 5th Edition! Known for its storyboard format of procedures and beautiful illustrations, this hands-on worktext describes all aspects of phlebotomy — with focused and current coverage of lab tests, equipment, safety and collection procedures, emergency situations, special populations, and point-of-care testing. Procedures, outlined with step-by-step instructions and full-color photos, cover core competencies; and a detachable bookmark with color tube guide acts as a handy clinical reference. Learning features focus on clinical scenarios, practice tips, and error prevention and are supplemented by videos and certification exam preparation. - Right-sized coverage of the full spectrum of phlebotomy practice. - Step-by-step illustrated procedures on essential phlebotomy competencies and techniques. - Exam preparation questions in each chapter and three mock certification exams help with classroom and board test review. - Clinical scenarios and tips focus on application and real-world workplace challenges and solutions. - Removable bookmark for handy clinical reference to tube color-coding. - OSHA icons in procedures highlight safe and effective practice. - Key terms and acronyms listed at the beginning of each chapter, highlighted in text, and defined in a back-of-book glossary. - Additional online resources – animations, procedure videos, interactive exercises, and an audio glossary. - NEW! Expanded and updated content on new laboratory tests, emergency procedures, job duties, safety, quality assurance, and more. - NEW! Animations focusing on anatomy and physiology help ensure comprehension of foundational content.

**14 drug test panel: *Algorithmic Diagnosis of Symptoms and Signs*** Douglas R. Collins, R. Douglas Collins, 2012-11-05 *Algorithmic Diagnosis of Symptoms and Signs: A Cost-Effective Approach* Third Edition Designed for quick reference, the revised Third Edition of this handy pocket manual contains diagnostic algorithms to help you interpret more than 230 symptoms and signs. The ideal aid for the busy clinician, this portable resource promotes a cost-effective patient workup, highlighting what tests to order and when to refer to a specialist. The Third Edition has been updated to include new algorithmic diagnosis that highlight several useful laboratory tests not included in prior editions, real case histories that help readers apply algorithms in clinical practice, and a new appendix that provides an extensive list of diagnostic tests to be ordered when faced with the most common symptoms. NEW to the Third Edition... \* NEW algorithmic diagnosis highlights several useful laboratory tests not included in prior editions. \* NEW case histories help you apply algorithms in clinical practice. \* NEW appendix provides an extensive list of diagnostic tests to be ordered when faced with the most common symptoms. Make the right call... Pick up your copy today!

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**14 drug test panel:** *The Eating Disorders* A.James Giannini, Andrew E. Slaby, 2012-12-06 As fish must swim so must man drink and eat Titus Petronius Arbiter Examine thy customs of diet Francis Bacon For John eat & drank to drive away Loves pain But all he could do he grew thinner & thinner Tho he eat & drank as much as Ten men for dinner Some said he had a Wolf in his stomach day and night William Blake To paraphrase and cast in contemporary speech observations of the Gothic-era monk Bernard of Clairvaux, the eating disorders may be viewed as a corruption of the social process, a distortion of the body image, and a perversion of bodily processes. It is this multifactorial etiology that makes the diagnosis and treatment of dietary -disorders so difficult and frustrating. Because of social demands and a distorted (body) image, men and women have perverted the simple act of eating into always painful, sometimes tragic, and occasionally deadly outcomes. The eating disorders fall into three categories. There is obesity-the overconsumption of food, and its antithesis, anorexia-the act of voluntary starvation. In true Hegelian fashion, there follows the synthesis, bulimia-the voluntary purging of overconsumed amounts of food to produce an anorectic-like countenance. As the contributing authors emphasize in their chapters, these diseases are not unique to contemporary culture. Rather they are cultural artifacts, created by both men and women, since classical antiquity. The recognition of these diseases is dependent upon recognizing a disease actually exists: that there is a distortion of the eating process.

**14 drug test panel:** *Federal Register* , 2013

**14 drug test panel:** **Handbook of Adolescent Health Care** Lawrence S. Neinstein, Catherine M. Gordon, Debra K. Katzman, David S. Rosen, 2008-07-01 Handbook of Adolescent Health Care is a condensed, portable version of Dr. Neinstein's best-selling clinical reference, Adolescent Health Care: A Practical Guide, Fifth Edition. In easy-to-scan outline format with numerous tables and treatment algorithms, the handbook presents the most essential clinical information from the larger text. The 84 chapters cover all the key developmental, medical, reproductive, mental health, substance abuse, and STI issues that occur in adolescents, as well as nutrition and complementary/alternative medicine. This handbook is ideal for pediatric and family practitioners who do not specialize in adolescent medicine and can be used by specialists as a quick reference in the clinical setting.

**14 drug test panel:** **Public Administration Series--Bibliography** , 1988

**14 drug test panel:** **Managing Technology in Healthcare** Eliezer Geisler, Ori Heller, 2012-12-06 Technology plays a critical role in the management of health care, the system, its delivery and its organizations. This book examines the role of technology in the delivery of health care by physicians and other health care workers, and their respective roles in the management of health care technology. The complexity of the health care environment and the difficulties in managing technology in general (and in health care in particular) makes this book a landmark exploration for the purpose of creating in-roads into the largely uncharted territory of health care technology. The chapters in this book will introduce the horizons that are open for scholarly pursuit in this area. Managing Technology in Healthcare has two main objectives. First, to provide the reader with an overview of the main issues of concern and the topics of study in managing technology in health care. Second, to offer the reader specific knowledge embedded in the eleven chapters of the book, covering a broad range of topics of interest to health care and to R&D/technology scholars and practitioners.

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