DOB:

Patient Report

Account Number: 34050285

labcorp

Specimen ID:

Patient ID:

Age: Sex:

Ordering Physician:

Ordered Items: Ethanol, Blood; Chain-of-Custody Protocol; PSC Specimen Collection

Date Collected: Date Received: Date Reported: Fasting:

General Comments & Additional Information

Clinical Info: Clinical Info: Reason for testing: Collectors Name: Collectors Phone #: MRO Name from CCF:

Ethanol, Blood

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval	
Ethanol ⁰¹	0.000		%	Cutoff=0.010	
This test was developed and its performance characteristics					
determined by Labcorp. It has not been cleared or approved					
	by the Food and Drug Adminis				
	in the second of				

Chain-of-Custody Protocol

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Chain-of-Custody Protocol ⁰¹	Performed			

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

Performing Labs

Patient Details

i aticiit Details

Phone: Date of Birth: Age:

Sex: Patient ID:

Alternate Patient ID:

Physician Details

Request A Test, LTD. 7027 Mill Road Suite

7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Phone: **888-732-2348** Account Number: **34050285**

Physician ID: NPI: Specimen Details Specimen ID: Control ID:

Alternate Control Number:

Date Collected: Date Received: Date Entered: Date Reported:

Rte:

labcorp Final Report Page 1 of 1