

DOB:

Patient Report



Patient ID:

Age:

Account Number:

Specimen ID:

Sex:

Ordering Physician:

Ordered Items: **Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; Ethyl Glucuronide, Urine**

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:

Chain-of-Custody Protocol

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

Ethyl Glucuronide, Urine

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|---|-------------------------|--------------------------|-------|--------------------|
| .02 Ethyl Glucuronide Screen, Ur ⁰¹ | Negative | | ng/mL | Cutoff=250 |

This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

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

▲ Out of reference range ■ Critical or Alert

Performing Labs

Patient Details

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Request A Test, LTD.
7027 Mill Road Suite 201, BRECKSVILLE, OH,
44141

Phone: **888-732-2348**
Account Number:
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: