



Laboratory Report

SPECIMEN INFORMATION

Requisition #: Accession #:

Collected:

Received:

Reported:

Specimen ID:

DONOR INFORMATION

Name:

Primary ID:

Reason:

Collection
Site:

CLIENT INFORMATION

Seals Intact: Yes
Tests Ordered: 5840N (ALCOHOL, ETHYL (U))

Urine Substance Abuse Panel	Initial Test Level	MS Confirm Test Level
ALCOHOL, ETHYL (U) Negative		.02 * (1)

* (1) Test confirmed by GC

CERTIFYING TECHNICIAN/SCIENTIST: KPOR01

SPECIMEN RECEIVED AND PROCESSED IN THE NORRISTOWN DHHS CERTIFIED LABORATORY.

LAB: Quest Diagnostics-Norristown
400 Egypt Rd
Norristown PA 19403

>> END OF REPORT <<