

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:**Specimen Details**Date collected:
Date received:
Date entered:
Date reported:**Physician Details**Ordering:
Referring:
ID:
NPI:**General Comments & Additional Information****Clinical Info:****Ordered Items**

Caffeine, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Caffeine, Serum	5.0		ug/mL	3.0 - 15.0	01

Detection Limit = 1.0

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