

Patient ID: DOB: Patient Report  
Age: Ordering Physician:  
Specimen ID: Sex:



Ordered Items: Chain-of-Custody Protocol; Drug Screen 10 w/Conf, WB; PSC Specimen Collection

Date Collected:	Date Received:	Date Reported:	Fasting: Not Given
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## General Comments & Additional Information

Clinical Info:  
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 <sup>01</sup>	Performed			

## Drug Screen 10 w/Conf, WB

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
AMPHETAMINES, IA <sup>02</sup>	Negative		ng/mL	Cutoff:50
BARBITURATES, IA <sup>02</sup>	Negative		ug/mL	Cutoff:0.1
BENZODIAZEPINES, IA <sup>02</sup>	Negative		ng/mL	Cutoff:20
COCAINE/METABOLITE,IA <sup>02</sup>	Negative		ng/mL	Cutoff:25
PHENCYCLIDINE, IA <sup>02</sup>	Negative		ng/mL	Cutoff:8
THC (MARIJUANA) MTB,IA <sup>02</sup>	Negative		ng/mL	Cutoff:5
OPIATES, IA <sup>02</sup>	Negative		ng/mL	Cutoff:5
OXYCODONES, IA <sup>02</sup>	Negative		ng/mL	Cutoff:5
METHADONE, IA <sup>02</sup>	Negative		ng/mL	Cutoff:25
PROPOXYPHENE, IA <sup>02</sup>	Negative		ng/mL	Cutoff:50

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



Date Issued Final Report Page 1 of 2

DOB:  
Age:  
Sex:

### Specimen Details

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