DOB:

Patient Report

labcorp

 Patient ID:
 Age:
 Account Number:

 Specimen ID:
 Sex:
 Ordering Physician:

Ordered Items: Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 725496 U10-Bund+Alc+SV2

Date Collected: Date Received: Date Reported: Fasting: **Not Given**

General Comments & Additional Information

Clinical Info: CCU: 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			

2nd Sample Handling

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval	
2nd Sample Handling ⁰¹					
Split specimen bottle has been received.					

725496 U10-Bund+Alc+SV2

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interva
.01			T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Amphetamines, Urine ⁰¹	Negative		ng/mL	Cutoff=1000
	Amphetamine test includes Am	phetamine and Methamphetamin	e.	
Barbiturate ⁰¹	Negative		ng/mL	Cutoff=300
Benzodiazepines ⁰¹	Negative		ng/mL	Cutoff=300
Cannabinoid ⁰¹	Negative		ng/mL	Cutoff=100
Cocaine (Metab.) 01	Negative		ng/mL	Cutoff=300
Methaqualone ⁰¹	Negative		ng/mL	Cutoff=300
Opiates ⁰¹	Negative		ng/mL	Cutoff=300
	Opiate test includes Codeine	and Morphine only.		
Phencyclidine ⁰¹	Negative		ng/mL	Cutoff=25
Methadone Screen, Urine 01	Negative		ng/mL	Cutoff=300
Propoxyphene, Urine 01	Negative		ng/mL	Cutoff=300

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Date Issued Final Report Page 1 of 2

Patient Report

 Patient ID:
 Age:
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 Specimen ID:
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DOB:



725496 U10-Bund+Alc+SV2 (Cont.)

Ethanol, Urine 01	Negative	%	Cutoff=0.020
Creatinine, Urine 01	24.9	mg/dL	20.0-300.0
pH, Urine ⁰¹	7.0		4.5-8.9

Disclaime

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

Phone:

Performing Labs

Patient Details Physician Details

Request A Test, LTD.

7027 Mill Road Suite 201, BRECKSVILLE, OH,

44141

Date of Birth:
Age: Phone: 888-732-2348

Sex:
Patient ID:

Patient ID: Physician ID: Alternate Patient ID: NPI:

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

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

Rte: