Patient Report

DOB:

Patient ID: Age:



Specimen ID: Sex: Ordering Physician:

Ordered Items: Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 789939 10+Crt-Bund

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

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			

2nd Sample Handling

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

789939 10+Crt-Bund

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interva
.01				
Amphetamines, Urine 01	Negative		ng/mL	Cutoff=1000
	Amphetamine test includes Am	nphetamine and Methamphetamin	е.	
Barbiturate ⁰¹	Negative		ng/mL	Cutoff=300
Benzodiazepines ⁰¹	Negative		ng/mL	Cutoff=300
Cannabinoid 01	Negative		ng/mL	Cutoff=50
Cocaine (Metab.) 01	Negative		ng/mL	Cutoff=300
Methaqualone 01	Negative		ng/mL	Cutoff=300
Opiates ⁰¹	Negative		ng/mL	Cutoff=2000
	Opiate test includes Codeine	e 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

labcorp

Date Issued Final Report Page 1 of 2

Patient Report

DOB: Age:

Specimen ID: Sex: Ordering Physician:

labcorp

789939 10+Crt-Bund (Cont.)

		mg/dL	20.0-300.0
Specific Gravity 01	1.016		
pH, Urine ⁰¹	7.2		4.5-8.9

Disclaimer

Patient ID:

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

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,

Phone: 888-732-2348

Physician ID: NPI:

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

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

Rte: