

DOB:

Patient Report



Patient ID:

Age:

Specimen ID:

Sex:

Ordering Physician:

Ordered Items: Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 764888 10+Oxyco+Alc+Crt-Bund

Date Collected:

Date Received:

Date Reported:

Fasting: Not Given

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 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.

764888 10+Oxyco+Alc+Crt-Bund

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Amphetamines, Urine ⁰¹	Negative		ng/mL	Cutoff=1000

Amphetamine test includes Amphetamine and Methamphetamine.

Barbiturate ⁰¹	Negative		ng/mL	Cutoff=200
Benzodiazepines ⁰¹	Negative		ng/mL	Cutoff=200
Cannabinoids ⁰¹	Negative		ng/mL	Cutoff=20
Cocaine (Metabolite) ⁰¹	Negative		ng/mL	Cutoff=300
Opiates ⁰¹	Negative		ng/mL	Cutoff=300

Opiate test includes Codeine, Morphine, Hydromorphone, Hydrocodone.

Oxycodone/Oxymorphone, Urine ⁰¹	Negative		ng/mL	Cutoff=300
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Test includes Oxycodone and Oxymorphone

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764888 10+Oxyco+Alc+Crt-Bund (Cont.)

Phencyclidine ⁰¹	Negative	ng/mL	Cutoff=25
Methadone ⁰¹	Negative	ng/mL	Cutoff=300
Propoxyphene ⁰¹	Negative	ng/mL	Cutoff=300
Meperidine ⁰¹	Negative	ng/mL	Cutoff=200
This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.			
Ethanol, Urine ⁰¹	Negative	%	Cutoff=0.020
Creatinine ⁰¹	39.7	mg/dL	20.0-300.0

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

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,
44141

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: