# **Patient Report**

Specimen ID: Control ID:



## 

Patient Details	Specimen Details	Physician Details
DOB:	Date collected:	Ordering:
Age(y/m/d):	Date received:	Referring:
Gender:	Date entered:	ID:
Patient ID:	Date reported:	NPI:

General Comments & Additional Information Reason for testing: Collectors Name:

Collectors Phone #: MRO Name from CCF:

#### **Clinical Info:**

#### **Ordered Items**

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 764971 15+MDMA+Oxyco+Alc+Crt-B

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol					
	Performed				01
764971 15+MDMA+Oxyco+Alc+Crt	-В				
					02
Amphetamines, Urine	Negative		ng/mL		01
Amphetamine test includ	-	ine and Met	hamphet	amine.	
MDMA	Negative			Cutoff=500	01
Barbiturates	Negative		ng/mL	Cutoff=200	01
Benzodiazepines	Negative		ng/mL	Cutoff=200	01
Cannabinoid	Negative		ng/mL	Cutoff=20	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Opiates	Negative		ng/mL		01
Opiate test includes Co		hine, Hydro	morphon	e, Hydrocodone.	
Oxycodone/Oxymorphone, Urine			/ -		
Test includes Oxycodone	Negative	nhono	ng/mL	Cutoff=300	01
Phencyclidine	Negative	pilolle	ng/mL	Cutoff=25	01
Methadone Screen, Urine	Negative		<u> </u>		01
-	5		ng/mL		01
Propoxyphene, Urine	Negative		ng/mL		
Tramadol	Negative		ng/mL		01
Butorphanol	Negative		ng/mL		03
Nalbuphine	Negative		ng/mL	Cutoff=200	03
Meperidine	Negative		ng/mL	Cutoff=200	01
This test was developed determined by Labcorp.					
by the Food and Drug Ad			u or ap	proved	
· / ···· · ···· · ···· · · · · · · · ·					

Date Issued:

## **FINAL REPORT**

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# **Patient Report**

Patient: DOB:	Patient ID:	Contro	Control ID:			ecimen ID: e collected:		
	TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB		
Fentanyl, UrineNegativepg/mLCutoff=2000Test includes Fentanyl and NorfentanylThis test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved								
-	the Food and Drug							
dete	e s test was develop ermined by Labcor the Food and Drug	p. It has not b	formance been clear	character		03		
Ethanol,	Urine	Negative		olo	Cutoff=0.020	01		
Creatini	ne, Urine	23.4		mg/dL	20.0-300.0	01		

For inquiries, the physician may contact Branch: Lab:

Date Issued:

**FINAL REPORT** 

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