LabCorp Laboratory Corporation of America

Specimen Number	r.	Patient ID			Account Number	Account Phone Number	Rout
		13044		5.0111150.7.1.20110.590	11.42.5440.542.004.754.0	Committee and an arrangement	5,500
Patient Last Name				Account Address			
Patient First Name		Patient Middle Name					
Patient SS# Paris		nt Phone Total Volume					
Age (Y/M/D)	Date of Birth	Sex	Fasting				
Patient Address			Additional Information				
Date and Time Collected Date Enter		Date and Time Reported		Physician Name	NPI	Physician	n ID
hain-of-Cust	ody Protocol;	PSC Spe	Tests Or	dered :ion; 789265 5-	+Alc+Crt-Bund	Ü	
			General C	anamanta			

Collectors Phone #:
MRO Name from CCF:

TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
Chain-of-Custody Protocol Performed 01

789265 5+Alc+Crt-	Dund

•				01
Amphetamines, Urine	Negative	ng/mL	Cutoff=1000	01
Amphetamine test in	icludes Amphetamine ar	nd Methamphetam	ine.	
Cannabinoid	Negative	ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative	ng/mL	Cutoff=300	01
Opiates	Negative	ng/mL	Cutoff=2000	01
Opiate test include	es Codeine and Morphin	ne only.		
Phencyclidine	Negative	ng/mL	Cutoff=25	01
Creatinine, Urine	79.6	mg/dL	20.0 - 300.0	01
Nitrite, Urine	Negative	mcg/mL	Cutoff=200	01
pH, Urine	6.8	7/	4.5 - 8.9	01
Ethanol U, Quan	Negative	જ	Cutoff=0.020	01