



| | | | | | | | | |
|-------------------------|---------------|------------------------|--------------|------------------------|----------------|--------------|----------------------|-------|
| Specimen Number | | Patient ID | | Control Number | Account Number | Phone: | Account Phone Number | Route |
| Patient Last Name | | | | Account Address | | | | |
| Patient First Name | | Patient Middle Name | | | | | | |
| Patient SS# | Patient Phone | | Total Volume | | | | | |
| Age (Y/M/D) | Date of Birth | Sex | Fasting | | | | | |
| Patient Address | | | | Additional Information | | | | |
| Date and Time Collected | Date Entered | Date and Time Reported | | Physician Name | NPI | Physician ID | | |

Tests Ordered
2nd Sample Handling; PSC Specimen Collection; 789911 7+Crt-Bund

General Comments
Reason for testing:
Collectors Name:
Collectors Phone #:
MRO Name from CCF:

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|-------|--------|------|-------|--------------------|-----|
|-------|--------|------|-------|--------------------|-----|

| | | | | | |
|--|--|--|--|--|----|
| 2nd Sample Handling | | | | | 01 |
| Split specimen bottle has been received. | | | | | |

789911 7+Crt-Bund

| | | | | |
|--|----------|--------|--------------|----|
| Amphetamines, Urine | Negative | ng/mL | Cutoff=1000 | 01 |
| Amphetamine test includes Amphetamine and Methamphetamine. | | | | |
| Barbiturate | Negative | ng/mL | Cutoff=300 | 01 |
| Benzodiazepines | Negative | ng/mL | Cutoff=300 | 01 |
| Cannabinoid | Negative | ng/mL | Cutoff=50 | 01 |
| Cocaine (Metab.) | Negative | ng/mL | Cutoff=300 | 01 |
| Opiates | Negative | ng/mL | Cutoff=2000 | 01 |
| Opiate test includes Codeine and Morphine only. | | | | |
| Phencyclidine | Negative | ng/mL | Cutoff=25 | 01 |
| Nitrite, Urine | Negative | mcg/mL | Cutoff=200 | 01 |
| Creatinine, Urine | 31.8 | mg/dL | 20.0 - 300.0 | 01 |
| Specific Gravity | 1.004 | | | 01 |
| pH, Urine | 6.1 | | 4.5 - 8.9 | 01 |

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FINAL REPORT

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