

Specimen ID:  
Control ID:

Phone:

Rte:


**Patient Details**

DOB:  
Age(y/m/d):  
Gender: ..  
Patient ID:

**Specimen Details**

Date collected:  
Date received:  
Date entered:  
Date reported:

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

Reason for testing:  
Collectors Name:  
Collectors Phone #:  
MRO Name from CCI

**Clinical Info:**  
**Clinical Info:**
**Ordered Items**

Chain-of-Custody Protocol; PSC Specimen Collection; Hair Stat 7

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Chain-of-Custody Protocol</b>					
	Performed				01
<b>Hair Stat 7</b>					
Amphetamines	Negative		pg/mg	500	02
Barbiturates	Negative		pg/mg	200	02
Benzodiazepines	Negative		pg/mg	200	02
Cocaine	Negative		pg/mg	500	02
Opiates	Negative		pg/mg	200	02
PCP	Negative		pg/mg	300	02
Cannabinoids	Negative		pg/mg	1	02

**FINAL REPORT**

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