

# Patient Report



Specimen ID:  
Control ID:

Phone: (888) 732-2348 Rte:

Request A Test, LTD.  
7027 Mill Road Suite 201  
BRECKSVILLE OH 44141



### 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: Random  
Collectors Name:  
Collectors Phone #:  
MRO Name from CCF:

### Clinical Info:

Clinical Info:

Clinical Info:

### Ordered Items

Chain-of-Custody Protocol; PSC Specimen Collection; Hair Drug Screen 9 Panel

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
<b>Hair Drug Screen 9 Panel</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
Methadone	Negative		pg/mg	200	02
Opiates	Negative		pg/mg	200	02
PCP	Negative		pg/mg	300	02
Propoxyphene	Negative		pg/mg	200	02
Cannabinoids	Negative		pg/mg	1	02

#### Head Hair

All screen methods are immunoassay unless otherwise noted.  
Test developed and characteristics determined by United States Drug Testing Laboratories, Inc. See Compliance Statement on our website  
[http://www.usdtl.com/compliance\\_statement](http://www.usdtl.com/compliance_statement).

For inquiries, the physician may contact **Branch:**

**Lab:**

Date Issued:

### FINAL REPORT

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