



**TEST ORDER INFORMATION** 

Client: REQUEST A TEST (10)-M-10-16

Donor Name:

Employee ID:

Account #:

Reason for test:

SPECIMEN COLLECTION INFORMATION

Collection Site: Collector Name:

Specimen #:

Collected: Phone #:

Site ID:

Temp. In Range:

SPECIMEN TEST INFORMATION

DOT Account: NO Received:

Reported:

Test	Screening Cutoff	Confirm Cutoff	Confirm Unit Quant	Result
Amphetamines	500	250	ng/mL	Negative
Barbiturates	300	200	ng/mL	Negative
Benzodiazepines	300	200	ng/mL	Negative
Cocaine	150	100	ng/mL	Negative
Marijuana Metab.	50	15	ng/mL	Negative
Methadone	300	300	ng/mL	Negative
Opiates	300	300	ng/mL	Negative
Oxycodone	100	100	ng/mL	Negative
PCP	25	25	ng/mL	Negative
Test	Reference Interval	Uni	t Res	sult
Creatinine	>= 20	mg	/dL In Ran	ge
pН	4.5 - 8.9	127 (27)	In Ran	ge

This is a Point-of-Collection Test:

**END OF REPORT**