

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

Clinical Info:  
Clinical Info:  
Clinical Info:

### Ordered Items

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 788770 9+Cr+ Bund

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
2nd Sample Handling	Split specimen bottle has been received.					01
788770 9+Cr+ Bund						01
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
Methadone Screen, Urine	Negative		ng/mL	Cutoff=300		01
Propoxyphene, Urine	Negative		ng/mL	Cutoff=300		01
Creatinine, Urine	170.8		mg/dL	20.0-300.0		01
Nitrite, Urine	Negative		mcg/mL	Cutoff=200		01
pH, Urine	5.7			4.5-8.9		01

For inquiries, the physician may contact Branch: Lab:

Date Issued:

### FINAL REPORT

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