LabCorp Laboratory Corporation of America

Phone:

Specimen Number Patient ID		D	Centrol Number	Account Number	Account Phone Number	Rom	
	Patient Last No	ime			Account Ad	dress,	
Patient First Name Patient Middl		fiddle Name					
Patient SS#	Patient Pl	ione	Total Volume				
Age (YM/D)	Date of Birth	Sex	Fasting				
	Patient Address	s	l.		Additional Info	rmation	
Date and Time Collect	red Date Entered	Date a	nd Time Reported	Physician Name	NPI	Physician	ı IID

Tests Ordered

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 765599

9+Oxycodone+Crt-Bund

General Comments

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01

## 765599 9+Oxycodone+Crt-Bund

				01
Amphetamines, Urine	Negative	ng/mL	Cutoff=1000	01
Amphetamine test incl	udes Amphetamine a	nd Methamphetam	ine.	
Barbiturates	Negative	ng/mL	Cutoff=200	01
Benzodiazepines	Negative	ng/mL	Cutoff=200	01
Cannabinoid	Negative	ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative	ng/mL	Cutoff=300	01
Opiates	Negative	ng/mL	Cutoff=300	01
Opiate test includes	Codeine, Morphine,	Hydromorphone,	Hydrocodone.	
Oxycodone/Oxymorphone, Uri	.ne			
THE WAS CONTROL OF THE PERSON OF THE STATE O	Negative	ng/mL	Cutoff=300	01
Test includes Oxycodo:	ne and Oxymorphone	14.0		
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	124.9	mg/dL	20.0 - 300.0	01
Specific Gravity	1.017	×		01
pH, Urine	6.6		4.5 - 8.9	01

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