

Specimen ID:
Control ID:

Phone:

Rte:



Patient Details

DOB:
Age(y/m/d):
Gender: SSN:
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:

Ordered Items

Chain-of-Custody Protocol; PSC Specimen Collection; Amphetamines

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
Amphetamines						
Amphetamines, Urine	Negative		ng/mL	Cutoff=1000		01
Amphetamine test includes Amphetamine and Methamphetamine.						

For inquiries, the physician may contact **Branch: 800-762-4344 Lab: 713-856-8288**

FINAL REPORT

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If you have received this document in error, please call 713-856-8288

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