

# 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; Amphetamines

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

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

