



## Patient Report

Specimen ID:  
Control ID:

Phone:

Rte:

Request A Test, LTD.



### 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; Benzodiazepines Screen ONLY, WB

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

Performed

01

**Benzodiazepines Screen ONLY, WB**

Benzodiazepines Negative

02

REFERENCE RANGE: thrshold: 20 ng/mL

Specimen Type

02

WHOLE BLOOD

This specimen was screened by immunoassay at the thresholds listed above.

Presumptive positive results have not been confirmed by an alternate method; results are intended for clinical medical purposes. Please contact the laboratory if confirmatory testing is desired.

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

## FINAL REPORT

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