

Specimen ID:  
Control ID:

Phone:

Rte:


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

**Clinical Info:**

Clinical Info:

**Ordered Items**

Chain-of-Custody Protocol; Benzodiazepine Screen, Urine; 2nd Sample Handling

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
<b>Chain-of-Custody Protocol</b>						
	Performed					01
<b>Benzodiazepine Screen, Urine</b>						
						01
Benzodiazepines	Negative		ng/mL	Cutoff=300		01
<b>2nd Sample Handling</b>						
	Split specimen bottle has been received.					01

