

Patient Report



Specimen ID:
Control ID:

Phone:

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; Carisoprodol/Meprobamate, Ur

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
Carisoprodol/Meprobamate, Ur					02
Meprobamate	Negative			Cutoff=200	03
Please Note:	Confirmation performed by Mass Spectrometry				03
Please Note:	Drug-test results should be interpreted in the context of clinical information. Patient metabolic variables, specific drug chemistry, and specimen characteristics can affect test outcome. Technical consultation is available if a test result is inconsistent with an expected outcome. (email-painmanagement@labcorp.com or call toll-free 888-883-5017)				03

FINAL REPORT

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