

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; PSC Specimen Collection; Cocaine Screen ONLY, WB

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
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Chain-of-Custody Protocol	Performed					01
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Cocaine Screen ONLY, WB

Cocaine Metabolite	Negative					02
REFERENCE RANGE: thrshold: 25 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.

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

Date Issued:

FINAL REPORT

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