



## Patient Report

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:



### Patient Details

DOB:  
Age(y/m/d):  
Gender: T      SSN:  
Patient ID:

### Specimen Details

Date collected:  
Date received:  
Date entered:  
Date reported:

### Physician Details

Ordering:  
Referring:  
ID:  
NPI:

### General Comments & Additional Information

**Clinical Info:** NEGATIVE REPORT

### Ordered Items

Ephedrine/Pseudoephedrine

| TESTS                            | RESULT   | FLAG | UNITS | REFERENCE | INTERVAL | LAB |
|----------------------------------|----------|------|-------|-----------|----------|-----|
| <b>Ephedrine/Pseudoephedrine</b> |          |      |       |           |          |     |
| Ephedrine                        | Negative |      | ng/ml | 35        | - 80     | 01  |
| Pseudoephedrine                  | Negative |      | ng/ml | 200       | - 800    | 01  |

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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