

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



Patient Details

DOB:
Age(y/m/d):
Gender: 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, Urine

| TESTS | RESULT | FLAG | UNITS | REFERENCE | INTERVAL | LAB |
|------------------|----------|------|-------|-----------|----------|-----|
| Ephedrine, Urine | Negative | | ng/ml | | | 01 |

Note: Analysis performed on urine.
Reference ranges have not been established for urine specimens.

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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