

Specimen ID:

Phone:

Rte: MA

Control ID:



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

Reason for testing: Other:
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; Fentanyl, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol						
	Performed					01
2nd Sample Handling						
	Split specimen bottle has been received.					01
Fentanyl, Urine						
	Negative		pg/mL	Cutoff=2000		01
Test includes Fentanyl and Norfentanyl						
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.						

