



Patient Report

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



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:

Ordered Items

Chain-of-Custody Protocol; 2nd Sample Handling; Urine; 6-Acetylmorphine, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
2nd Sample Handling	Split specimen bottle has been received.					01
6-Acetylmorphine, Urine	Negative		ng/mL	Cutoff=10		01

Date Issued:

FINAL REPORT

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