

Specimen ID:

Acct #:

Phone:

Rte:

Control ID:



## 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; 2nd Sample Handling; PSC Specimen Collection; Ketamine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
2nd Sample Handling	Split specimen bottle has been received.				01
Ketamine					01
Ketamine	Negative		ng/mL	Cutoff=600	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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