Patient Report



Specimen ID: Control ID:

Patient Details
DOB:
Age(y/m/d):
Gender:

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:

Ordered Items

Patient ID:

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 h	as been red	eeived.			01
Ketamine					
					01
Ketamine Negative ng/mL Cutoff=600 This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.					01

For inquiries, the physician may contact Lab:

This document contains private and confidential health information protected by state and federal law.

