

Specimen ID:
Control ID:

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:
Clinical Info:

Ordered Items

Chain-of-Custody Protocol; LSD, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
LSD, Urine						
LSD	Negative		ng/mL	Cutoff=0.5		01
Drug Screen Comment:						01

This analysis is performed by immunoassay. Positive findings are unconfirmed analytical test results; if results do not support expected clinical finding, confirmation by an alternate methodology is recommended. Patient metabolic variables, specific drug chemistry, and specimen characteristics can affect test outcome. Technical consultation is available at otstoxline@labcorp.com, or call toll free 888-883-5017.

