

Patient Report



Specimen ID:
Control ID:

Phone: (888) 732-2348 Rte:

Request A Test, LTD.
7027 Mill Road Suite 201
BRECKSVILLE OH 44141



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; Cannabinoid Conf, MS, UR; 2nd Sample Handling; PSC Specimen Collection

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
Cannabinoid Conf, MS, UR						01
Cannabinoid	Negative			Cutoff=10		01
2nd Sample Handling						01
Split specimen bottle has been received.						

For inquiries, the physician may contact **Branch:** **Lab:**

