Patient Report



Specimen ID: Control ID:

Patient DetailsSpecimen DetailsPhysician DetailsDOB:Date collected:Ordering:Age(y/m/d):Date received:Referring:Gender:Date entered:ID:Patient ID:Date reported: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

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TESTS	RESULT	FLAG	UNITS	REFERENCE 1	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
Cannabinoid Conf, MS, UR . Cannabinoid Negative Cutoff=10					0	01
2nd Sample Handling Split specimen bottle h	nas been rece	eived.				01

For inquiries, the physician may contact Branch:

Lab:

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