

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route	
Patient Last Name		Account Address				
Patient First Name	Patient Middle Name					
Patient SS#	Patient Phone					Total Volume
Age (Y/M/D)	Date of Birth					Sex
Patient Address		Additional Information				
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID	

<p>Tests Ordered</p> <p>Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; Oxycodone/Oxymorphone, Urine</p>
<p>General Comments</p> <p>Reason for testing: Random</p>

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Chain-of-Custody Protocol	Performed				01
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Oxycodone/Oxymorphone, Urine					01
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Oxycodone/Oxymorphone, Urine	Negative		ng/mL	Cutoff=100	01
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Test includes Oxycodone and Oxymorphone

Drug Screen Comment:					01
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This assay provides a preliminary unconfirmed analytical test result that may be suitable for the clinical management of patients in certain situations. For workplace drug testing programs, preliminary positive findings should always be confirmed by an alternative method. Some over-the-counter medications, as well as adulterants, may cause inaccurate results. Screen Only testing does not meet the College of American Pathologists Forensic Urine Drug Testing Program requirements as a forensic urine drug test for workplace testing. All clients must ensure that their testing program conforms to applicable state and federal laws and employment agreements.

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