LabCorp

Patient Report

Specimen ID:
Control ID:

Phone: **Rte:**

Patient Details	Specimen Details	Physician Details
DOB:	**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:

Ordered Items
Chain-of-Custody Protocol; 2nd Sample Handling; Propofol, Ur

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
2nd Sample Handling	Split specimen bottle has been received.				01
Propofol, Ur					
Propofol-Glucuronide	Negative		ug/mL	Not Estab.	02
Testing threshold: 0.5 ug/mL					

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

FINAL REPORT