



Patient Report

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:

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

This document contains private and confidential health information protected by state and federal law.
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