

TEST ORDER INFORMATION

Client:

Donor Name:

Employee ID:

Reason for test:

Account #:

SPECIMEN COLLECTION INFORMATION

Collection Site: LABCORP

Collector Name:

Specimen #:

Collected:

Phone #:

Temp. In Range:

Site ID:

SPECIMEN TEST INFORMATION

DOT Account: NO

Received:

Reported:

Test	Screening Cutoff	Confirm Cutoff	Confirm Unit Quant	Result
6-Acetyl Morphine	10	10	ng/mL	Negative
Amphetamines	1000	500	ng/mL	Negative
Cocaine	300	150	ng/mL	Negative
Marijuana Metab.	50	15	ng/mL	Negative
Opiates	2000	2000	ng/mL	Negative
PCP	25	25	ng/mL	Negative

Test	Reference Interval	Unit	Result
Creatinine	>= 20	mg/dL	In Range
Nitrite	< 200	ug/mL	Negative
pH	4.5 - 8.9		In Range

This is a Point-of-Collection Test: ABMC POCT

END OF REPORT