

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	

Tests Ordered

Chain-of-Custody Protocol; PSC Specimen Collection; Buprenorphine, Urine

General Comments

Reason for testing:  
Collectors Name:  
Collectors Phone #:  
MRO Name from CCF:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
Buprenorphine, Urine					
Buprenorphine, Urine	Negative		ng/mL	Cutoff=10	01

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**FINAL REPORT**