

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:**Specimen Details**Date collected: 01/30/2019 0000 Local
Date received: 01/30/2019
Date entered: 01/30/2019
Date reported: 01/31/2019 0000 ET**Physician Details**Ordering:
Referring:
ID:
NPI:**General Comments & Additional Information**

Clinical Info: NORMAL REPORT

Ordered Items

Tramadol

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Tramadol ^A	150		ng/mL	150 - 800 Detection Limit = 1	01

Comments:

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