



Phone:

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	Fasting		
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; 2nd Sample Handling; PSC Specimen Collection; 789454 10+Crt-Bund
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

**2nd Sample Handling** 01  
Split specimen bottle has been received.

**789454 10+Crt-Bund**

Amphetamines, Urine	Negative		ng/mL	Cutoff=1000	01
Amphetamine test includes Amphetamine and Methamphetamine.					
Barbiturate	Negative		ng/mL	Cutoff=300	01
Benzodiazepines	Negative		ng/mL	Cutoff=300	01
Cannabinoid	Negative		ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Methaqualone	Negative		ng/mL	Cutoff=300	01
Opiates	Negative		ng/mL	Cutoff=300	01
Opiate test includes Codeine, Morphine, Hydromorphone, Hydrocodone.					
Phencyclidine	Negative		ng/mL	Cutoff=25	01
Methadone Screen, Urine	Negative		ng/mL	Cutoff=300	01
Propoxyphene, Urine	Negative		ng/mL	Cutoff=300	01
Specific Gravity	1.011				01
pH, Urine	7.0			4.5 - 8.9	01
Creatinine, Urine	121.4		mg/dL	20.0 - 300.0	01

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**FINAL REPORT**