

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; Hair Corporate					
General Comments					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
Hair Corporate					
Cocaine	Negative		ng/10mg	5.0	02
Opiates	Negative		ng/10mg	2.0	02
Phencyclidine (PCP)	Negative		ng/10mg	3.0	02
Amphetamines	Negative		ng/10mg	5.0	02
Marijuana	Negative		pg/10mg	10.0	02

--

--	--	--	--