

TEST ORDER INFORMATION

Client: REQUEST A TEST ORAL FLUID

Donor Name:

Employee ID:

Phone #:

Reason for test:

SPECIMEN COLLECTION INFORMATION

Collection Site: LABCORP

Collector Name:

Specimen #:

Collected:

Phone #:

SPECIMEN TEST INFORMATION

DOT Account:

Received:

Employer from CCF: |

Reported:

Test	Screening Cutoff	Confirm Cutoff	Confirm Unit Quant	Result
<u>Oral Fluids:</u>				
Amphetamines	50	50	ng/mL	Negative
Cocaine	20	8	ng/mL	Negative
Marijuana Metab.	4	2	ng/mL	Negative
Opiates	40	40	ng/mL	Negative
PCP	10	10	ng/mL	Negative

END OF REPORT