

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; PSC Specimen Collection; Blood Drugs of Abuse 6, WB
General Comments
Reason for testing: Other: Collectors Name: Collectors Phone #: MRO Name from CCF:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Blood Drugs of Abuse 6, WB</b>					
Amphetamines	Negative				02
Cocaine + Metabolites	Negative				02
Opiates	Negative				02
Oxycodone	Negative				02
Phencyclidine	Negative				02
THC (Marijuana) Metabolite	Negative				02
Specimen Type					02

WHOLE BLOOD

The drugs in this panel were screened by immunoassay and if positive confirmed by GC/MS or LC/MS/MS at the following threshold concentrations:

Drug	Screen	Confirmation
Amphetamine	50 ng/mL	10 ng/mL
Cocaine	25 ng/mL	30 ng/mL
Opiates	10 ng/mL	10 ng/mL
codeine, morphine, 6AM		
hydrocodone, hydromorphone		
dihydrocodeine		
Oxycodone	10 ng/mL	10 ng/mL
oxycodone, oxymorphone		
Phencyclidine	8 ng/mL	8 ng/mL
THC (marijuana) MTB	5 ng/mL	2 ng/mL

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Phone:

Patient Name					Specimen Number		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth

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**FINAL REPORT**