

Patient Report



Specimen ID:
Control ID:

Phone: (888) 732-2348 Rte:

Request A Test, LTD.
7027 Mill Road Suite 201
BRECKSVILLE OH 44141



Patient Details

DOB:
Age(y/m/d):
Gender:
Patient ID:

Specimen Details

Date collected:
Date received:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Reason for testing: Other:
Collectors Name:
Collectors Phone #:
MRO Name from CCF:

Clinical Info:

Clinical Info:

Clinical Info:

Ordered Items

Chain-of-Custody Protocol; Drug Screen 6 w/Conf, WB; PSC Specimen Collection

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
Drug Screen 6 w/Conf, WB					
AMPHETAMINES, IA	Negative		ng/mL	Cutoff:50	02
COCAINE/METABOLITE, IA	Negative		ng/mL	Cutoff:25	02
PHENCYCLIDINE, IA	Negative		ng/mL	Cutoff:8	02
THC (MARIJUANA) MTB, IA	Negative		ng/mL	Cutoff:5	02
OPIATES, IA	Negative		ng/mL	Cutoff:5	02
OXYCODONES, IA	Negative		ng/mL	Cutoff:5	02

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

For inquiries, the physician may contact **Branch:** **Lab:**

Date Issued:

FINAL REPORT

Page 1 of 1

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