

Specimen ID:  
 Control ID:

Acct #:

Phone:

Rte:


**Patient Details**

 DOB:  
 Age(y/m/d):  
 Gender:      SSN:  
 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: Random  
 Collectors Name:  
 Collectors Phone #:  
 MRO Name from CCF:

 Clinical Info:  
 Clinical Info:  
 Clinical Info:

**Ordered Items**

Chain-of-Custody Protocol; PSC Specimen Collection; 789944 6+Cr-Bund

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
<b>789944 6+Cr-Bund</b>					01
Amphetamines, Urine	Negative		ng/mL	Cutoff=1000	01
Amphetamine test includes Amphetamine and Methamphetamine.					
Barbiturates	Negative		ng/mL	Cutoff=200	01
Cannabinoid	Negative		ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Opiates	Negative		ng/mL	Cutoff=2000	01
Opiate test includes Codeine and Morphine only.					
Phencyclidine	Negative		ng/mL	Cutoff=25	01
Creatinine, Urine	106.6		mg/dL	20.0 - 300.0	01
Specific Gravity	1.018				01
pH, Urine	6.9			4.5 - 8.9	01

