

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:
Collectors Name:
Collectors Phone #:
MRO Name from CCF:

Clinical Info:

Clinical Info:

Clinical Info:

Ordered Items

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 789944 6+Cr+ Bund

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
2nd Sample Handling	.				01
Split specimen bottle has been received.					
789944 6+Cr+ Bund	.				01
Amphetamines	Negative			Cutoff=1000	01
Please Note: 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	127.3		mg/dL	20.0-300.0	01
Specific Gravity	1.013				01
pH, Urine	7.1			4.5-8.9	01

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

Lab:

Date Issued:

FINAL REPORT

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