

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; Hair Drug Screen 9 Panel
General Comments
Reason for testing: Collectors Name: Collectors Phone #: MRO Name from CCF:

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

Hair Drug Screen 9 Panel

Amphetamines	Negative		pg/mg	500	02
Barbiturates	Negative		pg/mg	200	02
Benzodiazepines	Negative		pg/mg	200	02
Cocaine	Negative		pg/mg	500	02
Methadone	Negative		pg/mg	200	02
Opiates	Negative		pg/mg	200	02
PCP	Negative		pg/mg	300	02
Propoxyphene	Negative		pg/mg	200	02
Cannabinoids	Negative		pg/mg	1	02

Test developed and characteristics determined by United States Drug Testing Laboratories, Inc. See Compliance Statement on our website http://www.usdtl.com/compliance_statement

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