

TEST ORDER INFORMATION

Client: REQUEST A TEST ORAL FLUID
ATTN:
7027 MILL RD., STE 201
BRECKSVILLE, OH 44141

Donor Name:
Employee ID:
Phone #:
Reason for test:

SPECIMEN COLLECTION INFORMATION

Collection Site: LABCORP

Collector Name:
Specimen #:
Collected:

Phone #:
Site ID:

SPECIMEN TEST INFORMATION

DOT Account: NO
Employer from CCF: REQUEST A TEST ORAL FLUID

Received:
Reported:

Test	Screening Cutoff	Confirm Cutoff	Confirm Unit Quant	Result
Oral Fluids:				
Amphetamines	50	50	ng/mL	Negative
Barbiturates	50	50	ng/mL	Negative
Benzodiazepines	20	20	ng/mL	Negative
Cocaine	20	8	ng/mL	Negative
Marijuana Metab.	4	2	ng/mL	Negative
Methadone	10	25	ng/mL	Negative
Opiates	40	40	ng/mL	Negative
PCP	10	10	ng/mL	Negative
Propoxyphene	40	10	ng/mL	Negative

END OF REPORT