

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



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:

Ordered Items

Chain-of-Custody Protocol; Amphetamines Confirmation, Ur; 2nd Sample Handling

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
Amphetamines Confirmation, Ur	.				01
Amphetamines	Negative			Cutoff=500	
Please Note:	Amphetamine test includes Amphetamine and Methamphetamine.				01

Empty rectangular box

