

Specimen ID:
 Control ID:

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

Clinical Info:
Clinical Info:
Ordered Items

Chain-of-Custody Protocol; PSC Specimen Collection; Amphetamines Screen ONLY, WB

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
Amphetamines Screen ONLY, WB						
Amphetamines	Negative					02
REFERENCE RANGE: thrshold: 50 ng/mL						
Specimen Type						02

WHOLE BLOOD

This specimen was screened by immunoassay at the thresholds listed above.

Presumptive positive results have not been confirmed by an alternate method; results are intended for clinical medical purposes. Please contact the laboratory if confirmatory testing is desired.

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

