

# Patient Report



Specimen ID:  
Control ID:

Request A Test, LTD.  
7027 Mill Road Suite 201  
BRECKSVILLE OH 44141

Phone: (888) 732-2348

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:

## 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.

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

