

# Patient Report



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:

### Ordered Items

Chain-of-Custody Protocol; Barbiturate Screen, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
Barbiturate Screen, Urine					02
Barbiturate	Negative		ng/mL	Cutoff=300	01

## FINAL REPORT

