

Specimen ID:  
 Control ID:

Acct #:

Phone:

Rte:


**Patient Details**

 DOB:  
 Age(y/m/d):  
 Gender:      SSN:  
 Patient ID:

**Specimen Details**

 Date collected:  
 Date received:  
 Date entered:  
 Date reported:

**Physician Details**

 Ordering:  
 Referring:  
 ID:  
 NPI:

**General Comments & Additional Information**

Clinical Info: NORMAL REPORT

**Ordered Items**

Carisoprodol (Soma), Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Carisoprodol (Soma), Serum</b>					
Carisoprodol, Serum <sup>A</sup>	10.0		ug/mL	<20.0 Detection Limit = 1.0	01
Meprobamate, Serum <sup>A</sup>	10.0		ug/mL	6.0 - 12.0 Detection Limit = 1.0	01

**Comments:**

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