

Specimen ID:

Phone:

Rte:

Control ID:



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

**Clinical Info:** CCU:  
**Clinical Info:**

**Ordered Items**

Chain-of-Custody Protocol; Cocaine Metabolite, Qual, Ur

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Chain-of-Custody Protocol</b>	Performed				01
<b>Cocaine Metabolite, Qual, Ur</b>					
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01

