

# 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; Cocaine Metabolite, Qual, Ur; 2nd Sample Handling; PSC Specimen Collection

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

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

