

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:
Clinical Info:
Clinical Info:
Ordered Items

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; Diphenhydramine

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
2nd Sample Handling	Split specimen bottle has been received.					01
Diphenhydramine						01
Diphenhydramine	Negative		ng/mL	Cutoff=200		01

