

Specimen ID:  
Control ID:

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**

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; Fentanyl and Analogues

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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<b>Chain-of-Custody Protocol</b>	Performed				01
<b>2nd Sample Handling</b>	Split specimen bottle has been received.				01

**Fentanyl and Analogues**

Fentanyl	Negative		ng/mL		02
REFERENCE RANGE:	NOT ESTABLISHED				
Norfentanyl	Negative		ng/mL		02
REFERENCE RANGE:	NOT ESTABLISHED				
Sufentanil	Negative		ng/mL		02
REFERENCE RANGE:	NOT ESTABLISHED				
Alfentanil	Negative		ng/mL		02
REFERENCE RANGE:	NOT ESTABLISHED				
Norsufentanil	Negative		ng/mL		02
REFERENCE RANGE:	NOT ESTABLISHED				
Acetyl Fentanyl	Negative		ng/mL	NEGATIVE	02
Acetyl Norfentanyl	Negative		ng/mL	NEGATIVE	02

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

