

Specimen ID:  
Control ID:

Acct #:

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:****Ordered Items**

Chain-of-Custody Protocol; Fentanyl, Hair

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Chain-of-Custody Protocol</b>	Performed				01
<b>Fentanyl, Hair</b>					
Fentanyl (LCMSMS)	Negative		pg/mg	10	02
Norfentanyl (LCMSMS)	Negative		pg/mg	10	02
Acetyl Fentanyl (LCMSMS)	Negative		pg/mg	10	02
Acetyl Norfentanyl (LCMSMS)	Negative		pg/mg	10	02

