

# Patient Report



Specimen ID:  
Control ID:

Phone: (888) 732-2348 Rte:

Request A Test, LTD.  
7027 Mill Road Suite 201  
BRECKSVILLE OH 44141



### 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; PSC Specimen Collection; Fentanyl, Hair

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

Head Hair

All screen methods are immunoassay unless otherwise noted.  
Test developed and characteristics determined by United States Drug Testing Laboratories, Inc. See Compliance Statement on our website  
[http://www.usdtl.com/compliance\\_statement](http://www.usdtl.com/compliance_statement).

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

**Lab:**

Date Issued:

**FINAL REPORT**

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