

Specimen ID:
Control ID:

Acct #:

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**

Clinical Info: NORMAL

Ordered Items

Gabapentin, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Gabapentin, Urine	Negative		ug/mL			01
REFERENCE RANGE: NOT ESTABLISHED						