

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: Random  
Collectors Name:  
Collectors Phone #:  
MRO Name from CCF:**Clinical Info:****Clinical Info:****Ordered Items**

Chain-of-Custody Protocol; PSC Specimen Collection; Kratom, Screen w/Conf, Ur

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
Kratom, Screen w/Conf, Ur					
Kratom	Negative			NEGATIVE	02
Screening Threshold: 5.0 ng/mL Analysis performed by immunoassay. This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.					

