

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered

Chain-of-Custody Protocol; Cannabinoid Confirmation, Ur; 2nd Sample Handling; PSC Specimen Collection

General Comments

Reason for testing:
Collectors Name:
Collectors Phone #:
MRO Name from CCF:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
Cannabinoid Confirmation, Ur					01
Cannabinoid	Negative				
2nd Sample Handling					01
Split specimen bottle has been received.					