

Patient Report



Patient ID: _____ DOB: _____
 Age: _____
 Specimen ID: _____ Sex: _____ Ordering Physician: _____

Ordered Items: **Chain-of-Custody Protocol; THC, Ser w/Conf, WB; PSC Specimen Collection**

Date Collected: _____ Date Received: _____ Date Reported: _____ Fasting: _____

General Comments & Additional Information

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

Chain-of-Custody Protocol

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Chain-of-Custody Protocol *1	Performed			

THC, Ser w/Conf, WB

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
THC (MARIJUANA) MTB,IA 02	Negative		ng/mL	Cutoff:5

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

↓ Out of reference range ■ Critical or Alert

Performing Labs

01: U - LabCorp OTS RTP 1904 TW Alexander Drive, RTP, NC, 27709-01 53 Dir: Nitei Abudu, PhD
 02: MX - MedTox Laboratories Inc 402 W County Road D, St Paul, MN, 55112-3522 Dir: Karla Walker, PharmD
 For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-833-3984

Patient Details

Phone: _____
 Date of Birth: _____
 Age: _____
 Sex: _____
 Patient ID: I _____
 Alternate Patient ID: _____

Physician Details

Request A Test, LTD.
 7027 Mill Road Suite 201, BRECKSVILLE, OH,
 44141
 Phone: _____
 Physician ID: _____
 NPI: _____

Specimen Details

Specimen ID: _____
 Control ID: _____
 Alternate Control Number: _____
 Date Collected: _____
 Date Received: _____
 Date Entered: _____
 Date Reported: _____
 Re: _____