

Patient Report



Specimen ID:
Control ID:

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

Phone: (888) 732-2348

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:
Collectors Name:
Collectors Phone #:
MRO Name from CCF:

Clinical Info:

Clinical Info:

Clinical Info:

Ordered Items

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; Methaqualone Screen, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
Methaqualone Screen, Urine						
Methaqualone	Negative		ng/mL	Cutoff=300		01

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

Lab:

Date Issued:

FINAL REPORT

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