

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					
Hair Drug Screen 12 Panel; Chain-of-Custody Protocol; Hair Collection Fee					
General Comments					
Reason for testing: Random					
Collectors Name:					
Collectors Phone #:					
MRO Name from CCF:					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hair Drug Screen 12 Panel					
Amphetamines	Negative		pg/mg	500	01
Barbiturates	Negative		pg/mg	200	01
Benzodiazepines	Negative		pg/mg	200	01
Cocaine	Negative		pg/mg	500	01
Methadone	Negative		pg/mg	200	01
Meperidine	Negative		pg/mg	500	01
Opiates	Negative		pg/mg	200	01
PCP	Negative		pg/mg	300	01
Oxycodone	Negative		pg/mg	200	01
Propoxyphene	Negative		pg/mg	200	01
Cannabinoids	Negative		pg/mg	1	01
Tramadol	Negative		pg/mg	500	01
Chain-of-Custody Protocol	Performed				02

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