

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
Patient Address		Additional Information				
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID	

Tests Ordered:  
 Psilocin, Ur; Chain-of-Custody Protocol; PSC Specimen Collection

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Psilocin, Ur	Negative			NEGATIVE	01

Quantitative Psilocin analysis:

Screening threshold: 1.0 ng/mL

Analysis performed by Liquid Chromatography with Tandem Mass Spectrometry (LC/MS/MS).

Chain-of-Custody Protocol      Performed      02

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## FINAL REPORT

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