DOB: Age: 32

Sex:M.a.

Patient Report

Patient ID: Specimen ID:

Ordering Physician:



Ordered Items: Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; Nicotine Metabolite, Urine

Date Reported: Fasting: **Date Collected:** Date Received:

General Comments & Additional Information

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

Chain-of-Custody Protocol

Test	Current Result and Rag	Previous Result and Date	Units	Reference Interval
Chain-of-Custody Protocol of	Performed			

Nicotine Metabolite, Urine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
, 02				
	Negative			

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

Crt ical or Alert A Out of reference range

Performing Labs

Patient Details

Phone:

Date of Birth Age: Sex: Patient IU

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:

Rte: