

Patient ID: Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report



Account Number:  
Ordering Physician:

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

Date Collected:	Date Received:	Date Reported:	Fasting:
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### 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 Flag	Previous Result and Date	Units	Reference Interval
Chain-of-Custody Protocol <sup>01</sup>	Performed			

### Nicotine Metabolite, Urine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Cotinine <sup>01</sup>	Negative		ng/mL	Cutoff=300
Drug Screen Comment: <sup>01</sup>				

This analysis is performed by immunoassay. Positive findings are unconfirmed analytical test results; if results do not support expected clinical finding, confirmation by an alternate methodology is recommended. Patient metabolic variables, specific drug chemistry, and specimen characteristics can affect test outcome. Technical consultation is available at [otstoxline@labcorp.com](mailto:otstoxline@labcorp.com), or call toll free 888-883-5017.

**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: HD - LabCorp Houston 7207 North Gessner, Houston, TX, 77040-3143 Dir: Kyle Eskue, MD  
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 713-856-8288

#### Patient Details

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

#### Physician Details

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

#### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte:



Date Issued

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