

## Phone:

Specimen Number	er	Patient ID		Control Number	Account Number	Account Phone Number	Route
	Patient Last Na	me			Account Ad	dress	
Patient First Name		Patient M	iddle Name				
Patient SS# Patient		one	Total Volume				
Age (Y/M/D)	Date of Birth	Date of Birth Sex Fasting					
Patient Address				Additional Information			
Date and Time Collected Date Entere		Date and Time Reported		Physician Name	NPI	Physicia	n ID
Date and Time Collecte	d Date Entered	Date and Time Reported		Physician Name	NPI	Physicia	n ID

793127 U9+SVT-Bund

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB				
793127 U9+SVT-Bund									
					01				
Amphetamines	Negative			Cutoff=500					
Please Note:					01				
Amphetamine test includes Amphetamine and Methamphetamine.									
MDMA/MDA	Negative			Cutoff=500					
Cannabinoid	Negative			Cutoff=50					
Cocaine (Metab.)	Negative			Cutoff=150					
Opiates	Negative			Cutoff=2000					
Opiate test includes Codeine and Morphine only.									
HYC/HYM	Negative			Cutoff=300					
Test includes Hydrocodone and Hydromorphone									
Oxycodone/Oxymorph	Negative			Cutoff=100					
Test includes Oxycodone and Oxymorphone									
6-Acetylmorphine	Negative			Cutoff=10					
Phencyclidine	Negative			Cutoff=25					
Creatinine, Urine	25.0		mg/dL	20.0 - 300.0	01				
Nitrite, Urine	Negative		mcg/mL	Cutoff=200	01				
pH, Urine	7.5			4.5 - 8.9	01				