

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*

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; Tricyclic Antidepressant, Ur

*General Comments*

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01

**2nd Sample Handling** . 01  
Split specimen bottle has been received.

**Tricyclic Antidepressant, Ur**  
Tricyclic Antidepressant, Ur  
Negative ng/mL Cutoff=100 01  
Please Note: 01

This assay provides a preliminary unconfirmed analytical test result that may be suitable for clinical management of patients in certain situations. Drug-test results should be interpreted in the context of clinical information. Patient metabolic variables, specific drug chemistry, and specimen characteristics can affect test outcome. Technical consultation is available if a test result is inconsistent with an expected outcome. (email-painmanagement@labcorp.com or call toll-free 888-883-5017)

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