

Ordered Items: Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; Nicotine Metabolite, Urine; 789344 Cannabinoid+Crt-Bund

Date Collected:	Date Received:	Date Reported:	Fasting: Not Given
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General Comments & Additional Information

Clinical Info:
Clinical Info:
Reason for testing: Random
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 ⁰¹	Performed			

Nicotine Metabolite, Urine

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

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, or call toll free 888-883-5017.

789344 Cannabinoid+Crt-Bund

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
⁰²				
Cannabinoid ⁰¹	Negative		ng/mL	Cutoff=50
Creatinine, Urine ⁰¹	53.2		mg/dL	20.0-300.0
Nitrite, Urine ⁰¹	Negative		mcg/mL	Cutoff=200
pH, Urine ⁰¹	6.8			4.5-8.9

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
02: BN - LabCorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 713-856-8288

Patient Details	Physician Details	Specimen Details
Phone: Date of Birth: Age: Sex: Patient ID: Alternate Patient ID:	7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141 Phone: Physician ID: NPI:	Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte: