

**Specimen ID:** 156-582-2027-0  
**Control ID:** 0239819064

**Acct #:** Request A Test, LTD.  
 7027 Mill Road Suite 201  
 BRECKSVILLE OH 44141  
**Phone:** (888) 732-2348  
**Rte:** MA

**BEST, CHANTAL**

**Patient Details**
**DOB:** 01/13/1979  
**Age(y/m/d):** 039/04/20  
**Gender:** F **SSN:** \*\*\*-\*\*-0000  
**Patient ID:** 0239819064

**Specimen Details**
**Date collected:** 06/02/2018 1100 Local  
**Date received:** 06/05/2018  
**Date entered:** 06/05/2018  
**Date reported:** 06/05/2018 0609 ET

**Physician Details**
**Ordering:**  
**Referring:**  
**ID:**  
**NPI:**
**General Comments & Additional Information**

 Reason for testing: Random  
 Collectors Name: KRISHAWNDA C WESTON  
 Collectors Phone #: 8165231585  
 MRO Name from CCF:

**Clinical Info:** CCU:0239819064 H-00751326  
**Clinical Info:** \$03 ME Y

**Ordered Items**

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 788652 5+Cr-t-Bund

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chain-of-Custody Protocol	Performed				01
788652 5+Cr-t-Bund					01
Amphetamines, Urine	Negative		ng/mL	Cutoff=1000	01
Amphetamine test includes Amphetamine and Methamphetamine.					
Cannabinoid	Negative		ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Opiates	Negative		ng/mL	Cutoff=2000	01
Opiate test includes Codeine and Morphine only.					
Phencyclidine	Negative		ng/mL	Cutoff=25	01
Specific Gravity	1.025				01
pH, Urine	5.3			4.5 - 8.9	01
Creatinine, Urine	101.9		mg/dL	20.0 - 300.0	01

01	JD	LabCorp OTS Southaven 1120 Main Street, Southaven, MS 38671-1428	Dir: Jennifer Collins, PhD
----	----	---	----------------------------

 For inquiries, the physician may contact **Branch: 800-762-4344 Lab: 662-342-1286**
