

**Specimen ID:** 193-582-2255-0  
**Control ID:** 0243218721

**Phone:** (888) 732-2348 **Rte:** MA

**BEST, CHANTAL**

 Request A Test, LTD.  
 7027 Mill Road Suite 201  
 BRECKSVILLE OH 44141

**Patient Details**
**DOB:** 01/13/1979  
**Age(y/m/d):** 039/05/26  
**Gender:** F **SSN:** \*\*\*-\*\*-0000  
**Patient ID:** 0243218721

**Specimen Details**
**Date collected:** 07/09/2018 1459 Local  
**Date received:** 07/12/2018  
**Date entered:** 07/12/2018  
**Date reported:** 07/12/2018 0609 ET

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

 Reason for testing: Random  
 Collectors Name: DANA ELLIS  
 Collectors Phone #: 8165231585  
 MRO Name from CCF:

**Clinical Info:** CCU:0243218721 H-00754650  
**Clinical Info:** \$03 ME Y

**Ordered Items**

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Chain-of-Custody Protocol</b>	Performed				01
<b>788652 5+Cr+ Bund</b>					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	1.006				01
pH, Urine	7.3			4.5 - 8.9	01
Creatinine, Urine	31.5		mg/dL	20.0 - 300.0	01

01	JD	LabCorp OTS Southaven 1120 Main Street, Southaven, MS 38671-1428	Dir: Jennifer Collins, PhD
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 For inquiries, the physician may contact **Branch: 800-762-4344 Lab: 662-342-1286**
