

**Specimen ID:** 223-582-2082-0  
**Control ID:** 0246158010

**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):** 039/06/27  
**Gender:** F **SSN:** \*\*\*-\*\*-0000  
**Patient ID:** 0246158010

**Specimen Details**

**Date collected:** 08/09/2018 1158 Local  
**Date received:** 08/11/2018  
**Date entered:** 08/11/2018  
**Date reported:** 08/11/2018 0609 ET

**Physician Details**

**Ordering:**  
**Referring:**  
**ID:**  
**NPI:**

**General Comments & Additional Information**

Reason for testing: Random  
 Collectors Name: ADEL MAURICE  
 Collectors Phone #: 8164681692  
 MRO Name from CCF:

**Clinical Info:** CCU:0246158010 H-00756940  
**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
Chain-of-Custody Protocol	Performed				01
788652 5+Cr+ 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	1.009				01
pH, Urine	5.9			4.5 - 8.9	01
Creatinine, Urine	46.9		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**

