

Specimen ID:
Control ID:

Acct #: 17452095 Phone: (800) 539-6119 Rte: 00
Walk-In Lab, LLC
1645 Tiffany Lane
Mandeville LA 70448

Patient Details

DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:

Specimen Details

Date collected:
Date received:
Date entered:
Date reported:

Physician Details

Ordering: K CULLEN
Referring:
ID: 1619923927
NPI: 1619923927

General Comments & Additional Information

Clinical Info: CCU:0347846660 H-00428136
Clinical Info: LM

Alternate Control Number:
Total Volume: Not Provided

Alternate Patient ID: Not Provided
Fasting: U

Ordered Items

Cannabinoid Confirmation, Ur

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Cannabinoid Confirmation, Ur					01
Cannabinoid	Negative			Cutoff=15	

01	UI	LabCorp OTS RTP 1904 T W Alexander Drive, RTP, NC 27709-0153	Dir: Michael Fox, MD
----	----	---	----------------------

For inquiries, the physician may contact **Branch: 504-828-2666 Lab: 800-533-0567**