

Patient Name:

Patient Phone:

Date of Birth (Age):

Sex:

Referring Dr (NPI #):

Patient ID:

Specimen ID:

Account Number:

Account Name:

Collection Date/Time:

Received Date/Time:

Reported Date/Time:

General Comments and Additional Information

Total Vol:Source:

| Result Name | Flag | Result | Range/Units | Status | Lab |
|------------------------------------|------|--------|-----------------|--------|-----|
| 010413 Intrinsic Factor Abs, Serum | | | | | |
| Intrinsic Factor Abs, Serum | | 1.1 | 0.0-1.1 / AU/mL | Final | |

END OF REPORT