

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
<b>001529 Carotene, Beta</b>					
Carotene, Beta		7	3-91 / ug/dL	Final	01

END OF REPORT