

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

Fasting: Yes

Total Vol:

Source:

Result Name	Flag	Result	Range/Units	Status	Lab
010330 Bile Acids					
Bile Acids		2.1	0.0-10.0 / umol/L	Final	

END OF REPORT