

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**

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

**Specimen Details**

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

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

Alternate Control Number:

Total Volume:

Ordered Items

Alternate Patient ID:

Fasting:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Hgb A1c with eAG Estimation</b>					
Hemoglobin A1c	7.9	High	%	4.8 - 5.6	
Please Note:					
Prediabetes: 5.7 - 6.4					
Diabetes: >6.4					
Glycemic control for adults with diabetes: <7.0					
Estim. Avg Glu (eAG)	180		mg/dL		