

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:

Alternate Patient ID:
Fasting:

Ordered Items

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
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Vitamin K1 ^A	0.34		ng/mL	0.13 - 1.88		
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Comments:

^A This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.