

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

006270 Coombs', Direct

Coombs', Direct	Negative	Negative	Final
-----------------	----------	----------	-------