

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:

**General Comments & Additional Information**

Alternate Control Number:

Total Volume:

Ordered Items

Alternate Patient ID:

Fasting:

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
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<b>HCV RNA NAA Qualitative</b>	Negative					Negative
Negative: HCV RNA Not Detected						