

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

Patient DetailsDOB: 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
F203-IgE Pistachio Nut	<0.10		kU/L	Class 0	