

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
010413 Intrinsic Factor Abs, Serum					
Intrinsic Factor Abs, Serum		1.1	0.0-1.1 / AU/mL	Final	

END OF REPORT