

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab
ACTH, PLASMA Reference range applies only to specimens collected between 7am-10am	9		6-50 pg/mL	

PERFORMING SITE:

Walk-In Lab