

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

Test Name	In Range	Out Of Range	Reference Range	Lab
CORTISOL, P.M. Reference Range 4 p.m. (3-5 p.m.) Specimen:	6.3		mcg/dL	

PERFORMING SITE:

Walk-In Lab