

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

COMMENTS: *AP/CL/3837*

Test Name	In Range	Out Of Range	Reference Range	Lab
FIBRINOGEN ACTIVITY, CLAUSS	210		175-425 mg/dL	