

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

COMMENTS: FASTING: YES

| Test Name | In Range | Out Of Range | Reference Range | Lab |
|------------------------------|--------------|--------------|-----------------|-----|
| FTA-ABS | NON-REACTIVE | | NON-REACTIVE | |
| Verified by repeat analysis. | | | | |

PERFORMING SITE: