

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

COMMENTS: FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
GLUCOSE, POSTPRANDIAL/ 2 HOUR	86		<140 mg/dL	

PERFORMING SITE: