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

COMMENTS: FASTING:UNKNOWN

Test Name	In Range	Out Of Range	Reference Range	Lab
HCG, TOTAL, QL	NEGATIVE			
			Reference Range Non-Pregnant: Negative Pregnant: Positive	

PERFORMING SITE: