

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

COMMENTS: **FASTING:**

Test Name	In Range	Out Of Range	Reference Range	Lab
HDL CHOLESTEROL	56		>50 mg/dL	

PERFORMING SITE: