



Patient Report

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

Patient Details

DOB:
Age(y/m/d): Gender:
SSN:
Patient ID:

Specimen Details

Date collected:
Date received:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Alternate Control Number:
Total Volume:

Alternate Patient ID:
Fasting:

Ordered Items

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hemoglobin, Free, Plasma	7.3	High	mg/dL	0.0 - 4.9	01
Values obtained between 5-15 mg/dL should be interpreted with caution since such variables as sub-optimal venipuncture may increase results to this range.					

Date Issued:

FINAL REPORT

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