

Specimen ID:
Control ID:

Acct #:

Phone:

Rte: 00

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

HTLV-I/II Antibodies, Qual; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HTLV-I/II Antibodies, Qual	Negative			Negative	