EabCorp					Patient Re	eport
Specimen ID: Control ID:		Acct#:		Phone:		Rte: 00
Patient Details DOB: Age(y/m/d): Gender: SSN: Patient ID: General Comments & Additional Information	Specimen Details Date collected: Date received: Date entered: Date reported:		Orde	sician Details ering: rring:	C	
Alternate Control Number: Total Volume:	Alternate Patient ID: Fasting:					
Ordered Items HTLV-I/II Antibodies, Qual; Venipuncture						
TESTS	RESULT	FLAG (JNITS	REFERENCE	INTERVAL	LAB
HTLV-I/II Antibodies, Qual	Negative			Nega	tive	

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