

Patient Name:

Patient Phone:

Date of Birth (Age):

Sex:

Referring Dr (NPI #):

Patient ID:

Specimen ID:

Account Number:

Account Name:

Collection Date/Time:

Received Date/Time:

Reported Date/Time:

Result Name	Flag	Result	Range/Units	Status	Lab
160721 Antipancreatic Islet Cells					
Antipancreatic Islet Cells		Negative	Neg:<1:1	Final	02
END OF REPORT					