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|-----------------------|
| 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:

General Comments and Additional Information

Source:

| Result Name | Flag | Result | Range/Units | Status | Lab |
|--|------|--------------|--------------|--------|-----|
| 082345 T pallidum Screening Cascade | | | | | |
| T pallidum Antibodies | | Non Reactive | Non Reactive | Final | 01 |

END OF REPORT