<b>Example</b>		Patient R	leport
Specimen ID: Control ID:	Acct #:	Phone:	<b>Rte:</b> 00

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Patient Details DOB: Age(y/m/d): Gender: F SSN: Patient ID:	Specimen Details	Physician Details Ordering: Referring: ID: NPI:			
General Comments & Additional Informa Total Urine Volume:	nation Fasting: Not Provided				
Ordered Items Albumin, 24-Hr Urine					
TESTS	RESULT	FLAG UNITS	REFERENCE INTERVAL	LAB	
Albumin, 24-Hr Urine					
Albumin, Urine	11.3	ug/mL	Not Estab.	01	
Albumin,Urine mg/day	19	mg/day Normal: Moderately inc Severely incre	0 - 29 reased: 30 - 300		

For inquiries, the physician may contact Branch: 800-222-7566 Lab: 336-436-2762

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