

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:

**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**

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Folate (Folic Acid), Serum</b>					
Folate (Folic Acid), Serum	>20.0		ng/mL	>3.0	01
Note:					01

A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.