

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte: 00

**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**

**Clinical Info:**

Alternate Control Number:  
Total Volume:

Alternate Patient ID:  
Fasting:

**Ordered Items**

Giardia lamblia Ag, EIA

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Giardia lamblia Ag, EIA	Negative			Negative		