

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:

Ordered Items

Alternate Patient ID:

Fasting:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hgb A1c with eAG Estimation					
Hemoglobin A1c	7.9	High	%	4.8 - 5.6	
Please Note:					
Prediabetes: 5.7 - 6.4					
Diabetes: >6.4					
Glycemic control for adults with diabetes: <7.0					
Estim. Avg Glu (eAG)	180		mg/dL		

Date Issued:

FINAL REPORT

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