

**Patient Report** 

Specimen ID: Acct #: Phone: Rte:
Control ID:

**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
HCV RT-PCR, Quant (Non-Graph)						
Hepatitis C Quantitation						
HCV Not	Detected		IU/mL			
Test Information:					,	
The quantitative range of	of this as	say is 15 I	IU/mL to	100 millior	n IU/mL.	