



Patient Report

Specimen ID:

Acct #:

Phone:

Rte: 00

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

Creatine Kinase, Total; Aldolase; Drawing Fee

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Aldolase	3.2	Low	U/L	3.3 - 10.3		01

Date Issued:

FINAL REPORT

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