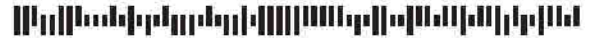


Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:
Age(y/m/d):
Gender:
Patient ID:**Specimen Details**Date collected:
Date received:
Date entered:
Date reported:**Physician Details**Ordering:
Referring:
ID:
NPI:**General Comments & Additional Information****Clinical Info:****Ordered Items**

Glycated Albumin

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Glycated Albumin					
Glycated Alb %	11.5		%	10.7-13.5	01
			Prediabetes:	13.6 - 15.5	
			Diabetes:	>15.5	