



Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Albumin, Serum; Venipuncture Tests Ordered

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01

FINAL REPORT