

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

Tests Ordered	
AFP, Serum, Tumor Marker	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
AFP, Serum, Tumor Marker Roche ECLIA methodology	5.5		ng/mL	0.0 - 8.3	01

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DUPLICATE FINAL REPORT

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