

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:

**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:**Ordered Items**

Ammonia, Plasma

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ammonia, Plasma	74		ug/dL	30 - 130	01