

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					
Antistreptolysin O Ab					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Antistreptolysin O Ab	125.5		IU/mL	0.0 - 200.0	01

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DUPLICATE FINAL REPORT

Page 1 of 1