

Specimen ID:
Control ID:

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

Alternate Control Number:
Total Volume:

Alternate Patient ID:
Fasting:

Ordered Items

Biometrics

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Biometrics						
Patient Height (In)	65.0		in			02
Patient Weight (lbs)	190.0		lbs			02
Body Mass Index	31.6					
Waist Circumference (In)	Test not performed					02
Systolic Blood Pressure	138		mmHg			02
Diastolic Blood Pressure	85		mmHg			02