



Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> <b>Gender:</b> <b>Phone:</b> <b>Patient ID:</b> <b>Health ID:</b>	<b>Specimen:</b> <b>Requisition:</b> <b>Lab Ref #:</b>  <b>Collected:</b> <b>Received:</b> <b>Reported:</b>	<b>REQUEST A TEST - PWN HEALTH</b> <b>7027 MILL RD STE 201</b> <b>BRECKSVILLE, OH 44141-1852</b>

Test Name	In Range	Out Of Range	Reference Range	Lab
CAFFEINE	18		8.0-20.0 mg/L	

Potentially Toxic: >50.0 mg/L

**PERFORMING SITE:**