

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

Catecholamines, Plasma		Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Catecholamines, Plasma</b>					
Catecholamine Frac, P					01
Norepinephrine, Pl	350		pg/mL	0 - 874	01
Epinephrine, Pl	45		pg/mL	0 - 62	01
Dopamine, Pl	25		pg/mL	0 - 48	01

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**DUPLICATE FINAL REPORT**

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