

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		
			NORMAL REPORT		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered					
Ct, Ng, Trich vag by NAA					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Ct, Ng, Trich vag by NAA</b>					
Chlamydia by NAA	Negative			Negative	01
Gonococcus by NAA	Negative			Negative	01
Trich vag by NAA	Negative			Negative	01

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