



Phone:

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

Trich vag by NAA; Chlamydia trachomatis, NAA; Neisseria gonorrhoeae, NAA

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Trich vag by NAA	Negative			Negative	01
Chlamydia trachomatis, NAA	Negative			Negative	02
Neisseria gonorrhoeae, NAA	Negative			Negative	02

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FINAL REPORT