

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
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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EBV Early Antigen Ab, IgG	<9.0		U/mL	0.0 - 8.9	01
			Negative	< 9.0	
			Equivocal	9.0 - 10.9	
			Positive	>10.9	

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