

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					
Electrolyte Panel; Blood Drawing					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Electrolyte Panel</b>					
Sodium, Serum	138		mmol/L	134 - 144	01
Potassium, Serum	4.2		mmol/L	3.5 - 5.2	01
Chloride, Serum	102		mmol/L	97 - 108	01
Carbon Dioxide, Total	20		mmol/L	19 - 28	01

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