

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS:      FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
FIBRINOGEN ACTIVITY, CLAUSS	210		175-425 mc/dL	UL