

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

G-6-PD, Quant, Blood and RBC; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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G-6-PD, Quant, Blood and RBC					
RBC	5.17		x10E6/uL	4.14 - 5.80	01
G-6-PD, Quant	260		U/10E12 RBC	146 - 376	

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FINAL REPORT