

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:



**Patient Details**

DOB:  
Age(y/m/d):  
Gender:      SSN:  
Patient ID:

**Specimen Details**

Date collected:  
Date received:  
Date entered:  
Date reported:

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

Clinical Info: NORMAL REPORT

**Ordered Items**

Gastrin, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Gastrin, Serum	100		pg/mL	0 - 115		01
Siemens Immulite 2000 Immunochemiluminometric assay (ICMA)						