

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					
Gest. Diabetes 1-Hr Screen; Venipuncture					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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<b>Gest. Diabetes 1-Hr Screen</b>					
Gestational Diabetes Screen	90		mg/dL	65 - 139	01
According to ADA, a glucose threshold of >139 mg/dL after 50-gram load identifies approximately 80% of women with gestational diabetes mellitus, while the sensitivity is further increased to approximately 90% by a threshold of >129 mg/dL.					

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