



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

Gestational 2 hour GTT		Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Gestational 2 hour GTT					
Glucose, Fasting	76		mg/dL	65 - 91	01
Glucose, 1 hour	178		mg/dL	65 - 179	01
Glucose, 2 hour	137		mg/dL	65 - 152	01

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FINAL REPORT

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