

DOB:

# Patient Report



Patient ID: Specimen ID:

Age:

Ordering Physician:

Sex:

Ordered Items: **Glucose Tolerance (4 Sp Blood); Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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## Glucose Tolerance (4 Sp Blood)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Glucose, Fasting <sup>01</sup>	96		mg/dL	65-99
Glucose, 1 hour <sup>01</sup>	139		mg/dL	65-199
Glucose, 2 hour <sup>01</sup>	103		mg/dL	65-139
Glucose, 3 hour <sup>01</sup>	71		mg/dL	65-109

### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

### Icon Legend

▲ Out of reference range    ■ Critical or Alert

### Patient Details

Phone:  
Date of Birth:  
Age:  
Sex:  
Patient ID: Alternate Patient ID:

### Physician Details

Phone:  
Physician ID:  
NPI:

### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte: