DOB:

Patient ID: Age:

Specimen ID: Sex:

Patient Report

Ordering Physician:

labcorp

Ordered Items: **Hemoglobin, Free, Qual, Urine**

Date Collected:	Date Received:	Date Reported:	Fasting:

Hemoglobin, Free, Qual, Urine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hemoglobin, Free, Qual, Urine[01]	Negative			Negative