

Patient Information	Specimen Information	Client Information
<div>DOB:AGE: Gender:Fasting: Phone: Patient ID: Health ID:</div>	<div>Specimen: Requisition: Lab Ref #: Collected: Received: Reported:</div>	<div>REQUEST A TEST - PWN HEALTH 7027 MILL RD STE 201 BRECKSVILLE, OH 44141-1852</div>

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
HEMOGLOBIN, FREE, URINE	<0.4		<1.1 mg/dL	AMD