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|-------------------------|---------------|------------------------|------------------------|----------------------|--------------|
| 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 |

| | | |
|-------------------------------|--|---------------|
| Hemoglobin, Free, Qual, Urine | | Tests Ordered |
|-------------------------------|--|---------------|

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|-------------------------------|----------|------|-------|--------------------|-----|
| Hemoglobin, Free, Qual, Urine | Negative | | | Negative | 01 |

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