

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #:  Collected: Received: Reported:	

**COMMENTS:**      FASTING:NO

<b>Test Name</b>	<b>In Range</b>	<b>Out Of Range</b>	<b>Reference Range</b>	<b>Lab</b>
HEMOGLOBIN	11.7		11.7-15.5 g/dL	IG

**PERFORMING SITE:**

IG      QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943