

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

Tests Ordered					
Hepatic Function Panel (7); Venipuncture					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hepatic Function Panel (7)					
Protein, Total, Serum	6.8		g/dL	6.0 - 8.5	01
Albumin, Serum	4.4		g/dL	3.5 - 5.5	01
Bilirubin, Total	0.4		mg/dL	0.0 - 1.2	01
Bilirubin, Direct	0.12		mg/dL	0.00 - 0.40	01
Alkaline Phosphatase, S	51		IU/L	42 - 107	01
AST (SGOT)	18		IU/L	0 - 40	01
ALT (SGPT)	12		IU/L	0 - 32	01

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