

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:**Specimen Details**Date collected:
Date received:
Date entered:
Date reported:**Physician Details**Ordering:
Referring:
ID:
NPI:**Ordered Items**

Homocyst(e)ine

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Homocyst (e) ine	12.3		umol/L	0.0 - 14.5		01