

Phone:

Specimen Number		Patient ID		Control Number	Account Numb	Account Account	Phone Number	Route
	Patient Last Na	ime			Accou	int Address		<u> </u>
Patient First Name Patient Middle Name								
Patient SS#	Patient SS# Patient Phone		Total Volume					
Age (Y/M/D)	Date of Birth	Sex	Fasting					
l.	Patient Address	s			Addition	al Information		
Date and Time Collected Date Entered		Date and	Time Reported	Physician Name	īN	NPI	Physician ID	
Iron and TIBO	**************************************		Tests Ord	dered	~~~			
Iron and TIBO	**************************************		Tests Oro	192228				
T	ESTS	F	1 9 2 2 1 2 2 2	192228	UNITS	REFERENC	E INTERVAL	LA
Ton and TIB	ESTS C	F	General Co	mments				LA
T ron and TIB Iron Bind.C	ESTS C	F	General Co	mments	UNITS ug/dL ug/dL	250	E INTERVAL - 450 - 425	LA 01
T	ESTS C Cap. (TIBC)	F	General Co	mments	ug/dL	250 131	- 450	2000