

Phone:

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					
Parasite Exam, Blood					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Parasite Exam, Blood					
Parasite Exam, Blood				None Seen	01
No Plasmodium, Babesia, or other blood parasites seen.					
Limitations					01
One negative result does not rule out the possibility of a parasitic infestation. If protozoal, filarial, or trypanosomal infection is strongly suspected, test should be performed at least three times with samples obtained at different times in the fever cycle.					

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DUPLICATE FINAL REPORT

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