**Patient Information**

DOB: 
AGE: 
Gender: 
Phone: 
Patient ID: 
Health ID: 

**Specimen Information**

Specimen: 
Requisition: 
Lab Ref #: 
Collected: 
Received: 
Reported: 

**Client Information**

**COMMENTS:** FASTING: YES

<table>
<thead>
<tr>
<th>Test Name</th>
<th>In Range</th>
<th>Out Of Range</th>
<th>Reference Range</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARTIAL THROMBOPLASTIN</td>
<td>31</td>
<td></td>
<td>22-34 sec</td>
<td>UL</td>
</tr>
</tbody>
</table>

This test has not been validated for monitoring unfractionated heparin therapy. For testing that is validated for this type of therapy, please refer to the Heparin Anti-Xa assay (test code 30292).

For additional information, please refer to http://education.QuestDiagnostics.com/Eaq/FAQ159 (This link is being provided for informational/educational purposes only.)

**PERFORMING SITE:**

UL  QUEST DIAGNOSTICS SACRAMENTO, 3714 NORTH IOLE BLVD, SACRAMENTO, CA 95834-1617 Laboratory Director: M. ROSE AKIN, M.D., FCAP, CLIA: 05D0844209