

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
Patient Address		Additional Information				
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID	

Phenytoin, Free, Serum	Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Phenytoin, Free, Serum	1.5		ug/mL	1.0 – 2.0	01
				Detection Limit = 0.5	

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DUPLICATE FINAL REPORT

Page 1 of 1