

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

Progesteronc	Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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<b>Progesterone</b>	1.7		ng/mL		01
			Follicular phase	0.2 - 1.5	
			Luteal phase	1.7 - 27.0	
			Ovulation phase	0.8 - 3.0	
			Pregnant		
			First trimester	8.8 - 48.6	
			Second trimester	12.4 - 75.8	
			Third trimester	58.5 - 222.3	
			Postmenopausal	0.1 - 0.8	

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