



Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #:  Collected: Received: Reported:	

**COMMENTS:**      FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
PROTHROMBIN TIME-INR				EN
INR	1.0			
Reference Range			0.9-1.1	
Moderate-intensity Warfarin Therapy			2.0-3.0	
Higher-intensity Warfarin Therapy			3.0-4.0	
PT	9.9		9.0-11.5 sec	

For more information on this test, go to:  
<http://education.questdiagnostics.com/faq/FAQ104>

**PERFORMING SITE:**

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