

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



Patient Details

DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:

Specimen Details

Date collected:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info:

Ordered Items

Treponema pallidum Antibodies ; RPR

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
RPR	Negative			Non Reactive	01
Treponema pallidum Antibodies	Negative			Negative	01