

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:**Specimen Details**Date collected:
Date received:
Date entered:
Date reported:**Physician Details**Ordering:
Referring:
ID:
NPI:**General Comments & Additional Information**Alternate Control Number:
Total Volume:Alternate Patient ID:
Fasting:**Ordered Items**

Treponema pallidum Antibodies

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