



Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
VISCOSITY, SERUM	1.6		1.5-1.9 Relative to H2O	EZ