

Patient Name:

Patient Phone:

Date of Birth (Age):

Sex:

Referring Dr (NPI #):

Patient ID:

Specimen ID:

Account Number:

Account Name:

Collection Date/Time:

Received Date/Time:

Reported Date/Time:

Result Name	Flag	Result	Range/Units	Status	Lab
-------------	------	--------	-------------	--------	-----

001628 Haptoglobin

HaptoglobinBelow Low Normal<1042-296 / mg/dLFinal01

END OF REPORT