

Specimen ID: _____ Acct #: _____ Phone: _____ Rte: _____
Control ID: _____

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:

Ordered Items

Alternate Patient ID:

Fasting:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
GAD-65 Autoantibody					
GAD-65	<5.0		U/mL	0.0 - 5.0	02