

Pending Approval

CDA REPORT

PATIENT INFORMATION

Report Date:
Patient Name:
Date of Birth:
Gender:
Patient Id:
MRN:

ORDERING PHYSICIAN

Ordered by:

SAMPLE INFORMATION

Specimen Type	Specimen Id	Collection Date	Received Date
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Results:

Sample Id	Test	CDA Score	Risk Level	Reference Value
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Laboratory Notes and Disclaimer

Report Approved Electronically