

Pending Approval

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CDA REPORT

PATIENT INFORMATION		ORDERING PHYSICIAN		
Report Date:		Ordered by:		
Patient Name:				
Date of Birth:				
Gender:				
Patient Id:				
MRN:				
Specimen Type	SAMPL Specimen Id	E INFORMATION Collectio	ORMATION Collection Date Received Date	
Results:				
Sample Id	Test	CDA Score	Risk Level	Reference Value

Laboratory Notes and Disclaimer