

## 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

### Results:

Sample Id

Test

CDA Score

Risk Level

Reference Value

Laboratory Notes and Disclaimer

Report Approved Electronically

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