

## **Final**

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## CDA REPORT

PATIENT INFORMATION	ORDERING PHYSICIAN						
Report Date:	Ordered by:						
Patient Name:							
Date of Birth:							
Gender:							
Patient Id:							
MRN:							
SAMPLE INFORMATION							

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

Sunil D. Pandit