



STATE OF NEW JERSEY DEPARTMENT OF HEALTH AND HUMAN SERVICES
LABORATORY FOR MEDICAL AND PUBLIC HEALTH SERVICES
UNITED STATES OF AMERICA

Form No. 1-100 (Rev. 1-1-73)
 This form is to be used for the purpose of reporting the results of laboratory tests performed on specimens received from the State of New Jersey. It is to be filled out by the laboratory and submitted to the State of New Jersey Department of Health and Human Services, Laboratory for Medical and Public Health Services, 100 South 1st Street, Newark, New Jersey 07102.

NO.	TEST NAME	RESULT	REFERENCE RANGE
1	HA	1	ONE
2	HA	1	ONE
3	HA	1	ONE
4	HA	1	ONE
5	HA	1	ONE
6	HA	1	ONE
7	HA	1	ONE
8	HA	1	ONE
9	HA	1	ONE
10	HA	1	ONE
11	HA	1	ONE
12	HA	1	ONE
13	HA	1	ONE
14	HA	1	ONE
15	HA	1	ONE
16	HA	1	ONE
17	HA	1	ONE
18	HA	1	ONE
19	HA	1	ONE
20	HA	1	ONE

1-100 (Rev. 1-1-73)
 43 RUTGERS

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Signature: [Signature] Date: 2/1/74
 Director of Public Health