





Lab Location

Adress line 1

p#: (678) 505-8016 | Fax: 678) 806-7192

CLIA:

Lab Director:

PATIENT

Patient Name: DOB:

Account: Order: Sam

Order Code: Sample Type:

DEMOGRAPH ICS

Patient Gender:
Patient Phone
Number:

Accession: Report Status:

Received:

Collected:

Reported:

PRESCRIPTION

Column 1

Column 2

LIST

	INCON	SISTEN	Т	INCONSISTENT				
Class	Test	Cutoff (ng/mL)	Results	Class	Test	Cutoff (ng/mL)		
Class	lass Test			Cutoff (ng/mL) Results				
	INCON	SISTEN	Т					

Class Test Cutoff Results (ng/mL)

Test	Cutoff	Test	Cutoff	Test	Cutoff	Test	Cutoff
	(ng/mL)		(ng/mL)		(ng/mL)		(ng/mL)