Sample list report

werfen

Status	HIL	Sample ID	First Name	Last	Reception Date	Gender	Date of Birth	Patient ID	Validation
Completed	**No**	**12345678**	**Josh**	**Long**	**2020/05/11 02:00:00**	**Male**	**1982/05/11**	**-**	**Partial**

Print
Partial

Status	HIL	Sample ID	First Name	Last	Reception Date	Gender	Date of Birth	Patient ID	Validation
Completed	**No**	**9999999**	**Antonio**	**Goncalves**	**2020/05/12 02:00:00**	**Female**	**1986/10/17**	**-**	**No**

Print
No

Status	HIL	Sample ID	First Name	Last	Reception Date	Gender	Date of Birth	Patient ID	Validation
To do	**No**	**112345677**	**Ricardo**	**de la Rosa**	**2019/04/03 14:22:00**	**Male**	**1982/05/11**	**12**	**Yes**

Print
Yes