-Patient Information-

Ele me nt	Data
Name	Ramoz
Date/Time of Birth	12/12/1933
Administrative Sex	Male

Order Observation –

Ordering Provider-

Element	Data
Name	Radon
Identifier number	

Observation Details-

Element Data						
Observation General Information						
Placer Order Number						
Filler Order Number	R-100					
Placer Group Number						
Parent Universal Service Identifier						
Identifier						
Text						
Alt Identifier						
Alt Text						
Original Text						
Observation Details						
Universal Service Identifier	PT + INR					
Observation Date/Time	09/25/2015					
Observation end Date/Time						
Specimen Action Code						
Relevant Clinical Information						
Relevant Clinical Information Original Text						
Observation Result Information						
Result Status	F					
Results Report/Status Change - Date/Time	09/26/2015 2:05 PM					
Results Handling						
Standard						
Observation Notes						

Timing/Quantity Information

Ele me nt	Data
Priority	
Start Date/time	
End Date/time	

Results Performing Laboratory————————————————————————————————————			
Element	Data		
Laboratory Name	Century Hospital		
Organization identifier			
Address	2070 Test Park		
Director Name			
Director identifier			

				—Lab resul	ts——			
Element			Data	Data				
Test performed			PT + INR	PT + INR				
Test Report date		09/26/2015	09/26/2015 14:05					
Result Observation Name	Result	UOM	Range	Abnormal Flag	Status	Date/Time of Observation	Date/Time of Analysis	Notes
PT	10.5	S			F			
INR	1.0	{INR}			F			