

**Patient Information**

Element	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**

Element	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 results

Element		Data						
Test performed		PT + INR						
Test Report date		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			