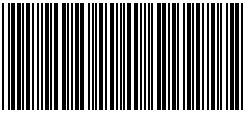




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Client #: Req #:
This order expires



For Lab Use

Patient Information
Patient Name:

Collection Date: Time:	Pat ID #:	State:	SSN:
Urine Volume: Hours:	DOB:	Sex:	Room/Loc:
Lab Reference ID:	Result Notification:		
UPIN:			
NPI:			
Ref Physician Provider ID:			
Responsible Party: Bill Type: Client			

Profiles/Tests	
ORDER #	TEST NAME/DESCRIPTION
	TSH

Clinical info:

