



LABORATORY REPORT FORM

Reporting Laboratory

Laboratory Name:	
Laboratory Director:	
Address:	
Phone & email:	
Contact:	

Patient

Patient Name:	
Date of Birth:	
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/> T
Address:	
Phone & email:	

Specimen

Lab Reference/Accn#:	
Collection Date:	
Specimen Type:	
Test Type:	
Result:	
Result date:	

Facility

Physician:	
Facility:	
Address:	
Phone & email:	

Lab Director or Designee Signature

Date