## Sample results. Actual results may vary.

PATIENT INFORMATION

SPECIMEN INFORMATION

SPECIMEN:
REQUISITION:
LAB REF NO:

COLLECTED: RECEIVED:

REPORTED:

FASTING:

DOB:

AGE:

GENDER:

Clinical Info:

REPORT STATUS: FINAL

ORDERING PHYSICIAN

CLIENT INFORMATION

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Test Name Result Flag Reference Range Lab

HCG, TOTAL, QL

HCG, TOTAL, QL NEGATIVE See Note: 01

Reference Range

Non-Pregnant: Negative

Pregnant: Positive

Performing Laboratory Information: