

Customer ID:
Requester/Doctor:

Mr Sample Patient
ID: SAMPLE PATIENT
Sample ID:

DOB: 00/00/0000
00VHL000000

Collection date: 00/00/0000
Sample received date: 00/00/000 00:00
Answer report date: 00/00/0000

Patient Results Report

Referral Toxicology and Environmental

Test	Result	Unit	Reference range
Lead (Urine)	0.98	ug/g creat	<2

End of report