

SPECIMEN INFORMATION

SPECIMEN: _____
 REQUISITION: _____
 LAB REF NO: _____

DOB: _____
 AGE: _____
 GENDER: _____
 FASTING: _____

Clinical Info:

ORDERING PHYSICIAN

CLIENT INFORMATION

DirectLabs
 4040 Florida St.
 Ste 101
 Mandeville, LA 70448

COLLECTED: _____
 RECEIVED: _____
 REPORTED: _____

Test Name	Result	Flag	Reference Range	Lab
ACTH, PLASMA				
ACTH, PLASMA	46		6-50 pg/mL	02

Reference range applies only to specimens collected between 7-10 AM.