Ordering Provider: TRANG M. TRAN, MD	1		Patient Name:	CHAMBERS, KEVIN M		
TRAING M. TRAIN, ME	,		Patient ID (MRN):	AAAI8992	Client PT ID (MRN): CK361257	,
			Date of Birth:	9/14/1993	Sex: M Age: 31Y	
Location: ONS;1			Patient Phone #:	(505) 967-890	Portal Patient ID: 6535923	9
Requisition#:	Report Status:		Collection Date/Time:		Receive Date/Time:	
331701398	Preliminary		11/26/2024 07:55		11/26/2024 07:56	
Test Name		Flag	Result		Ref Range Units	Lab
			•			
To Follow Tests						
To Follow:			U24IOD			{NS}
Comment:			Please note, the abo	ove test(s)		{NS}
			could not be collect	ed today.		
	The patient was given the appropriate instructions and or containe					
	collect.					
	The test(s) will be ordered when the patient returns. Please notify th					
	patient if they do not return to the lab within your expected t					•
(NS) = Performed at TriCo	ore Reference Laboratorie	s Harne	er Patient Care Center Br	anch Lah 5901 H	arper NE,Albuquerque, NM 87109. CLIA 32D100	11233
		o i laipe	- audit dare deriter bit	anon Eas, 0001 110	a.po. 112,7	

Legend: H= High, L= Low, @= Abnormal, *= Critical Value

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