Document ID: 1027546256 **Document Title:** [ClinicalPath] **Document Type:** Laboratory Result HEMOGLOBIN A1c: **Document Date:** 1/8/2015 11:19:43 AM **Document Source:** Media Type: Form Patient ID: **Patient Name:** Winter, Cheryl **Encounter Date:** Location of **Date Time Document Status:** Service: 1/8/2015 11:19:46 Uploaded / AM PST Created: Upload Comments: View Order: 972506 Provider: Signed By: Signed Date: Comments **Check Clinical Decisions** CLINICAL PATHOLOGY LABORATORIES LABORATORY RE Patient Last Name Patient First Name MI Physician Name NPI WINTER CHERYL Date of Birth Sex Patient ID Order ID Account Number 06/01/1958 F Patient SS# Lab Accession # Date/Time Collected Date/Time Received DE HT925887 01/06/2015 10:54 01/07/2015 01:22 0 Tests Results Flag Units Reference Lab Interval HEMOGLOBIN Alc 5.7 (5.8) Above high 4.0-5.6 MATN