## **Galactosemia Test Report**

Patient information				
Name				
Gender		Date of birth		
Date of test		Medical record number		
Clinical history				
Test results				
Test component	Re	sult	Reference range	
Interpretation				
Recommendations				

Additional notes			
Provider's information			
1 Tovide 3 information			
Ordering physician	Provider's NPI		
Contact information			
Kand			
Name and Signature	Date		