

# Galactosemia Test Report

<b>Patient information</b>		
Name		
Gender	Date of birth	
Date of test	Medical record number	
<b>Clinical history</b>		
<b>Test results</b>		
Test component	Result	Reference range
<b>Interpretation</b>		
<b>Recommendations</b>		

**Additional notes****Provider's information**

Ordering physician

Provider's NPI

Contact information

Name and Signature

Date