

Calprotectin Fecal Test Report

Patient information	
Name	
Gender	Date of birth
Date of test	Medical record number
Clinical history	
Test information	
Test method	Sample type
Sample ID	Date of collection
Test results	
Calprotectin level	Reference range
Interpretation	
Implications	

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

Ordering physician

Provider's NPI

Contact information

Name and Signature

Date