

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician



Ordered Items: **AST (SGOT); Venipuncture**

Date Collected:

Date Received:

Date Reported:

Fasting: **No**

### AST (SGOT)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
AST (SGOT) <sup>01</sup>	19		IU/L	0-40

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

#### Icon Legend

▲ Out of reference range   ■ Critical or Alert

#### Performing Labs

##### Patient Details

Phone:  
Date of Birth:  
Age:  
Sex:  
Patient ID:  
Alternate Patient ID:

##### Physician Details

**Request A Test**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**

Phone: **888-732-2348**  
Physician ID:  
NPI:

##### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte: