

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:  
Age(y/m/d):  
Gender:      SSN:  
Patient ID:**Specimen Details**Date collected:  
Date received:  
Date entered:  
Date reported:**Physician Details**Ordering:  
Referring:  
ID:  
NPI:**General Comments & Additional Information**

Clinical Info: NORMAL REPORT

**Ordered Items**

Alpha-1-Antitrypsin, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Alpha-1-Antitrypsin, Serum	125		mg/dL	101 - 187		01