

Patient Report

Patient ID: DOB: Account Number:
Specimen ID: Age: Ordering Physician:
 Sex:

Ordered Items: Ammonia, Plasma; Venipuncture

Date Collected:	Date Received:	Date Reported:	Fasting:
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Ammonia, Plasma

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Ammonia, Plasma ⁰¹	62		ug/dL	31-155

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, LTD.
7027 Mill Road Suite 201, BRECKSVILLE, OH,
44141

Phone: **888-732-2348**
Account Number: **34050285**
Physician ID:
NPI:

Specimen Details

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