

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone:    Patient ID: Health ID:	Specimen: Requisition: Lab Ref #:  Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab
AMYLASE ISOENZYMES				EZ
AMYLASE	54		21-101 U/L 16-46	
PANCREATIC ISOENZYME	19		U/L	
SALIVARY ISOENZYMES	35		4-61 U/L	

**PERFORMING SITE:**

EZ    QUEST DIAGNOSTICS/NICHOLS SJ, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352  
 TP    QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: GLEN L HORTIN,MD,PHD, CLIA: 10D0291120