

KS

21-101 U/L



AMYLASE

Patient Informatio	n	Specimen Information	Client Information
DOB: Gender: Phone: Patient ID:	AGE:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	
Test Name		In Range Out Of Range	Reference Range Lab

## PERFORMING SITE:

KS QUEST DIAGNOSTICS LENEXA, 10101 RENNER BLVD, LENEXA, KS 66219-9752 Laboratory Director: WILLIAM BECKER, DO, MPH, CLIA: 17D0648226

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