DOB: Patient Report

Ordering Physician:

Patient ID: Age:
Specimen ID: Sex:



Date Collected: Date Received: Date Reported: Fasting:

Ordered Items: Androstenedione LCMS; Venipuncture

Date Collected:

Androstenedione LCMS

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Androstenedione LCMS ^{A, 01}	141		ng/dL	41-262

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

Comments

A: This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

Performing Labs

For Inquiries, the physician may contact Branch:

Lab:

Patient Details Physician Details Specimen Details Specimen ID:

Request A Test, LTD. Control ID:

Phone: **7027 Mill Road Suite 201, BRECKSVILLE, OH,** Alternate Control Number:

Date of Birth: 44141 Date Collected:

Age:
Sex:
Phone:
Date Received:
Date Entered:
Patient ID:
Physician ID:
Date Reported:

Alternate Patient ID: NPI: