

Patient ID: DOB:
Specimen ID: Age:
 Sex:

Patient Report

Ordering Physician:



Ordered Items: **Antibody Screen; Venipuncture**

| | | | |
|-----------------|----------------|----------------|----------|
| Date Collected: | Date Received: | Date Reported: | Fasting: |
|-----------------|----------------|----------------|----------|

Antibody Screen

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|-------------------------------|-------------------------|--------------------------|-------|--------------------|
| Antibody Screen ⁰¹ | Negative | | | Negative |

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 | Physician Details | Specimen Details |
| Phone: Date of Birth: Age: Sex: Patient ID: Alternate Patient ID: | Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141 Phone: 888-732-2348 Account Number: 34050285 Physician ID: NPI: | Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte: |