

Patient Report



Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



Patient Details

DOB:
Age(y/m/d):
Gender:
Patient ID:

Specimen Details

Date collected:
Date received:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info: NORMAL REPORT

Total Volume: Not Provided

Fasting: No

Ordered Items

Barium, S/P

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Barium, S/P					
Barium, Serum	<2.0		ng/ml	<5.0	01
Barium analysis performed by inductively coupled plasma / mass spectrometry (ICP/MS).					

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

01	MX	MedTox Laboratories Inc 402 W County Road D, St Paul, MN 55112-3522	Dir: Karla Walker, PhrmD
----	----	--	--------------------------

FINAL REPORT

Page 1 of 1