DOB: **Patient Report**

Ordering Physician:

Patient ID: Age: Sex:

Specimen ID:



Ordered Items: Blood Culture, Routine; Venipuncture

Date Collected: Date Received: Date Reported: Fasting:

General Comments & Additional Information

Clinical Info: SRC:BD

Blood Culture, Routine

Test	Current Result and Flag		Units	Reference Interval
Blood Culture, Routine ⁰¹	Final report			
Result 1 ⁰¹				
No aerobic or anaerobic growth in five days.				

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

Performing Labs

Patient Details

Phone: Date of Birth: Age:

Sex:

Patient ID: Alternate Patient ID: Physician Details

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Phone: 888-732-2348 Account Number: Physician ID: NPI:

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

Date Collected: Date Received: Date Entered: Date Reported:

Rte:

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