

DOB:

Patient Report



Patient ID:

Age:

Specimen ID:

Sex:

Ordering Physician:

Ordered Items: **ABO Grouping and Rho(D) Typing; Venipuncture**

Date Collected:

Date Received:

Date Reported:

Fasting: **Yes****ABO Grouping and Rho(D) Typing**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
ABO Grouping ⁰¹	B			
Rh Factor ⁰¹	Positive			

Please note: Prior records for this patient's ABO / Rh type are not available for additional verification.

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**

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: **440-717-0440**

Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported: Rte: