DOB: **Patient Report**

Ordering Physician:

Patient ID: Age: Specimen ID: Sex:



Ordered Items: Calcium, Ionized, Serum; Venipuncture

Date Collected: Date Received: Date Reported: Fasting:

Calcium, Ionized, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Calcium, Ionized, Serum ⁰¹	5.3	_	mg/dL	4.5-5.6

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

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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