Patient Report DOB:

Ordering Physician: Age:

Specimen ID: Sex:

Ordered Items: Candida Antibodies IgG, IgA, IgM; Drawing Fee

Date Received: Date Reported: Fasting: Date Collected:

Candida Antibodies IgG,IgA,IgM

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Candida Antibodies IgG A, 01	Negative			Negative
Candida Antibodies IgM ^{A, 01}	Negative			Negative
		Please note reference inte	erval change	
Candida Antibodies IgA ^{A, 01}	Negative			Negative
		**Please note reference inte		

Disclaimer

Patient ID:

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

Comments

A: Results of this test are labeled for research purposes only by the assay's manufacturer. The performance characteristics of this assay have not been established by the manufacturer. The result should not be used for treatment or for diagnostic purposes without confirmation of the diagnosis by another medically established diagnostic product or procedure. The performance characteristics were determined by Labcorp.

Performing Labs

Patient Details Physician Details

Request A Test Phone: 7027 Mill Road Suite 201, BRECKSVILLE, OH,

44141

Date of Birth: Age:

Sex: Phone: 888-732-2348 Patient ID: Physician ID:

Alternate Patient ID: NPI: Specimen Details Specimen ID: Control ID:

Alternate Control Number:

labcorp

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

Rte:

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