

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Candida Antibodies, Qual; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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Candida Antibodies, Qual

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Candida Antibodies, Qual ⁰¹	Negative			Negative

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

▲ 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: 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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