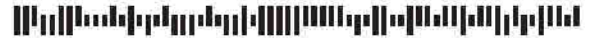


Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:
Age(y/m/d):
Gender:
Patient ID:**Specimen Details**Date collected:
Date received:
Date entered:
Date reported:**Physician Details**Ordering:
Referring:
ID:
NPI:**General Comments & Additional Information****Clinical Info:****Ordered Items**

Candida Antibodies IgA

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Candida Antibodies IgA ^A	Negative			Negative	01

Comments:

^A Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.