

Patient Report

Patient ID: DOB:
Specimen ID: Age:
 Sex:

Ordering Physician:

Ordered Items: **Carbon Dioxide, Total; Drawing Fee**

Date Collected:	Date Received:	Date Reported:	Fasting:
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Carbon Dioxide, Total

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Carbon Dioxide, Total ⁰¹	25		mmol/L	20-29

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: