DOB: Patient Report

Ordering Physician:

Patient ID: Age:
Specimen ID: Sex:



# Ordered Items: Anti-Centromere B Antibodies; Venipuncture

| Date Collected: | Date Received: | Date Reported: | Fasting: |
|-----------------|----------------|----------------|----------|
|                 |                |                |          |

## **Anti-Centromere B Antibodies**

| Test                            | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|---------------------------------|-------------------------|--------------------------|-------|--------------------|
| Anti-Centromere B Antibodies 01 | <0.2                    |                          | Al    | 0.0-0.9            |

#### 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

#### **Performing Labs**

Patient Details Physician Details Specimen Details
Request A Test, LTD. Specimen ID:
7027 Mill Road Suite 201, BRECKSVILLE, OH, Control ID:

Phone: 44141 Alternate Control Number:

Rte:

Date of Birth:

Age: Phone: Date Collected:

Date Received:

Age: Phone: Date Received:
Sex: Physician ID: Date Entered:
Patient ID: NPI: Date Received:
Date Received:
Date Received:
Date Received:
Date Received:
Date Received:

Alternate Patient ID:

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