

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Cholinesterase, Plasma and RBC; Venipuncture**

Date Collected:

Date Received:

Date Reported:

Fasting:

Cholinesterase, Plasma and RBC

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Cholinesterase, Plasma ⁰²	1785		IU/L	1000-3500
Cholinesterase, RBC ⁰²	6661		IU/L	5300-10000

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

Comments

A: This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

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: