



Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPLEMENT COMPONENT C3C	130		82-185 mg/dL	
COMPLEMENT COMPONENT C4C	20		15-53 mg/dL	