

Ordered Items: **Complement C4, Serum; Complement C3, Serum; Drawing Fee**

Date Collected:	Date Received:	Date Reported:	Fasting:
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**Complement C4, Serum**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Complement C4, Serum <sup>01</sup>	33		mg/dL	12-38

**Complement C3, Serum**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Complement C3, Serum <sup>01</sup>	139		mg/dL	82-167

**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	Physician Details	Specimen Details
Phone: Date of Birth: Age: Sex: Patient ID: Alternate Patient ID:	<b>Request A Test, LTD.</b> <b>7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141</b>  Phone: Physician ID: NPI:	Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte: