DOB:

## **Patient Report**



Patient ID: Age:

Specimen ID: Sex: Ordering Physician:

Ordered Items: Complement C3a

**Date Collected:** Date Received: **Date Reported:** Fasting:

# **Complement C3a**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Complement C3a 01	163.5		ng/mL	54.0-202.0
	Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.			

#### **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**

**PatientDetails Physician Details Specimen Details** Specimen ID: Request A Test, LTD. Control ID:

7027 Mill Road Suite 201, BRECKSVILLE, OH, Alternate Control Number: Phone: 44141

Date Collected: Date of Birth: **Date Received:** Age: Date Entered: Phone: Sex:

**Date Reported:** Patient ID: Rte: Physician ID: Alternate Patient ID:

NPI:

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