

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:



**Patient Details**

DOB:  
Age(y/m/d):  
Gender:      SSN:  
Patient ID:

**Specimen Details**

Date collected:  
Date entered:  
Date reported:

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

Clinical Info: NORMAL REPORT

**Ordered Items**

Complement C3a

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Complement C3a	100.0		ng/mL	54.0 - 202.0	01

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.