

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Cytomegalovirus (CMV) Ab, IgG; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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Cytomegalovirus (CMV) Ab, IgG

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Cytomegalovirus (CMV) Ab, IgG ⁰¹	<0.60	Negative Equivocal Positive	U/mL <0.60 0.60 - 0.69 >0.69	0.00-0.59

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

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:
Account Number:
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: