DOB: Patient Report

Patient ID: Specimen ID: Age: Ordering Physician:

Sex:

Ordered Items: Diphtheria Antitoxoid Ab; Drawing Fee

Date Collected: Date Received: Date Reported: Fasting:

Diphtheria Antitoxoid Ab

Test Current Result and Flag Previous Result and Date Units Reference Interval

Diphtheria Antitoxoid Ab⁰¹ 0.16 IU/mL <0.10

Interpretation:

Non-Protective <0.10 Protective >=0.10 labcorp

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

Performing Labs

labcorp

Final Report Page 1 of 2

DOB: Patient Report

Age: Account Number: Ordering

Physician:

labcorp

Specimen ID:

Patient ID:

Sex:

Phys

Phone:

Date of Birth: Age:

Sex: Patient ID:

Alternate Patient ID:

Physician Details

Specimen ID: Control ID:

Phone: Alternate Control Number: Physician ID: Date Collected:

NPI: Date Received:
Date Entered:
Date Reported:

Rte:

Specimen Details

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