DOB:

Patient Report

Ordering Physician:

labcorp

Patient ID: Age: Specimen ID: Sex:

Ordered Items: | Estriol, Serum

Date Collected: Date Received: Date Reported: Fasting:

Estriol, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Estriol, Serum ⁰²	of reference ranges,	ient variability and the overl the pattern generated by seria erally of greater clinical lated measurements.	•	Not Estab.

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

Patient Details Physician Details Specimen Details Specimen ID:

Request A Test, LTD. Control ID:

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

Date Received: Date of Birth: Date Entered: Phone: Age: Date Reported: Physician ID: Sex: Rte:

NPI:

Patient ID: Alternate Patient ID: