DOB:	Patient Report
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Ordering Physician: Age:

# labcorp

## Ordered Items: Fungus (Mycology) Culture

Date Collected:	Date Received:	Date Reported:	Fasting:

## **Fungus (Mycology) Culture**

Patient ID: Specimen ID:

Test	Current Result and Flag		Units	Reference Interval
Fungus (Mycology) Culture 01	Final report			
Result 1 01				
No yeast or mold isolated after 4 weeks.				

#### 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**

**PatientDetails Physician Details** Specimen Details

Specimen ID: Control ID:

Alternate Control Number: Phone:

Date Collected: Physician ID: Date Received: NPI: Date Entered:

Date Reported:

Rte:

Phone:

Date of Birth: Age: Sex:

Patient ID:

Alternate Patient ID:

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