

Patient ID: Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Giardia lamblia Ag, EIA**

Date Collected:	Date Received:	Date Reported:	Fasting:
-----------------	----------------	----------------	----------

General Comments & Additional Information

Clinical Info: SRC:ST

Giardia lamblia Ag, EIA

Test	Current Result and Flag	Units	Reference Interval
Giardia lamblia Ag, EIA ⁰¹	Negative		Negative

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

▲ Out of reference range ■ Critical or Alert

PatientDetails

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Phone:
Physician ID:
NPI:

Specimen Details

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