DOB:

Patient Report

labcorp

Patient ID: Specimen ID:

Age: Sex:

Ordering Physician:

Ordered Items: Total Glutathione; Drawing Fee

Date Collected: Date Received: Date Reported: Fasting:

Total Glutathione

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Total Glutathione 01	204		ug/mL	176-323
	Results of this test are for Investigational Purposes Only. The			
	performance characteristics of this assay have been determined by			
	LabCorp. The result should not be used as a diagnostic procedure			
	without confirmation of the diagnosis by another medically			
	established diagnostic produ	ct or procedure.		

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

Physician Details PatientDetails Specimen Details

Specimen ID: Control ID:

Alternate Control Number: Phone:

Date Collected: Date Received:

Physician ID: Date Entered: NPI: Date Reported:

Rte:

Phone:

Date of Birth:

Age: Sex:

Patient ID:

Alternate Patient ID: