DOB: **Patient Report** 

Ordering Physician: Age:

	labcorp
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Ordered Items: Growth Hormone, Serum; Venipuncture

Sex:

Date Collected:	Date Received:	Date Reported:	Fasting:

## **Growth Hormone, Serum**

Patient ID: Specimen ID:

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Growth Hormone, Serum 01	<0.1		ng/mL	0.0-10.0

## 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** 

**PatientDetails** 

Physician Details Specimen Details

Specimen ID:

Control ID:

Alternate Control Number: Phone: Phone:

Date Collected: Physician ID: Date of Birth: Date Received: NPI: Age: Date Entered: Sex: Date Reported: Patient ID:

Rte: Alternate Patient ID:

labcorp Final Report Page 1 of 1