

Patient ID: Specimen ID: DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **H pylori Breath Test; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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H pylori Breath Test

Test	Current Result and Flag	Units	Reference Interval
H pylori Breath Test ⁰¹	Negative		Negative

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
▲ Out of Reference Range ■ Critical or Alert

Performing Labs

PatientDetails	Physician Details	Specimen Details
Phone:	Phone:	Specimen ID:
Date of Birth:		Control ID:
Age:		Alternate Control Number:
Sex:	Physician ID:	Date Collected:
Patient ID: Alternate Patient ID:	NPI:	Date Received:
		Date Entered:
		Date Reported:
		Rte: