

Ordered Items: **H. pylori Stool Ag, EIA**

Date Collected:	Date Received:	Date Reported:	Fasting:
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**General Comments & Additional Information**

Clinical Info: SRC:ST

**H. pylori Stool Ag, EIA**

Test	Current Result and Flag	Units	Reference Interval
H. pylori Stool Ag, EIA <sup>01</sup>	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

**Performing Labs**

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