LabCorp
Laboratory Corporation of America

Phone:

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route

Patient Last Name	Account Address

Patient First Name	Patient Middle Name

Patient SS#	Patient Phone	Total Volume

Age (Y/M/D)	Date of Birth	Sex	Fasting

Patient Address	Additional Information

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered

Panel 083935; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Panel 083935					
HIV Screen 4th Generation wRfx	Non Reactive			Non Reactive	01

FINAL REPORT

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