

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



Patient Details

DOB:
Age(y/m/d):
Gender:
Patient ID:

Specimen Details

Date collected:
Date received:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info: NORMAL REPORT

Total Urine Volume: 1200ml

Fasting: Not Provided

Ordered Items

Histamine Determination, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Histamine Determination, Urine					
Histamine, ug/L, U ^A	15		ug/L	Not Estab.	01
Histamine, ug/24hr, U	18		ug/24 hr	0-65	

Comments:

^A This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.