DOB:

## **Patient Report**

Ordering Physician:

Patient ID: Age: Specimen ID: Sex:



Ordered Items: Immunofixation, Serum

Date Collected: Date Received: Date Reported: Fasting:

## Immunofixation, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Immunofixation Result, Serum <sup>03</sup>				
	No monoclonality detected.			
Immunoglobulin G, Qn,				
Serum 01	750		mg/dL	603-1613
Immunoglobulin A, Qn,				
Serum 01	179		mg/dL	90-386
Immunoglobulin M, Qn,				
Serum 01	54		mg/dL	20-172

labcorp Date Created and Stored Final Report