

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

Immunofixation, Serum	Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Immunofixation, Serum					
Immunofixation Result, Serum					01
An apparent normal immunofixation pattern.					
Immunoglobulin G, Qn, Serum	1599		mg/dL	700 - 1600	01
Immunoglobulin A, Qn, Serum	300		mg/dL	90 - 386	02
Immunoglobulin M, Qn, Serum	90		mg/dL	20 - 172	02

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