

Specimen ID:   
 Control ID:

Acct #:

Phone:

Rte:


**Patient Details**

 DOB:   
 Age(y/m/d):   
 Gender:      SSN:   
 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

**Ordered Items**

Immunoglobulins A/E/G/M, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Immunoglobulins A/E/G/M, Serum</b>					
Immunoglobulin G, Qn, Serum	1200		mg/dL	700 - 1600	01
Immunoglobulin A, Qn, Serum	125		mg/dL	87 - 352	02
Immunoglobulin M, Qn, Serum	125		mg/dL	26 - 217	02
Immunoglobulin E, Total	205		IU/mL	6 - 495	01