

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
Patient Address		Additional Information				
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID	

Interleukin-6, Serum	Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Interleukin-6, Serum	10.0		pg/mL	0.0 - 15.5	01
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Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.

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DUPLICATE FINAL REPORT

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