

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician:



Ordered Items: **Interleukin-2**

Date Collected:

Date Received:

Date Reported:

Fasting:

### Interleukin-2, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Interleukin-2, Serum <sup>01</sup>	<31.2 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.		pg/mL	0.0-31.2