

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: |

Ordered Items:

Interleukin-2, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Interleukin-2, Serum	<31.2		pg/mL	0.0 - 31.2	01

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.