



Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> <b>Gender:</b> <b>Fasting:</b> <b>Phone:</b> <b>Patient ID:</b> <b>Health ID:</b>	<b>Specimen:</b> <b>Requisition:</b> <b>Lab Ref #:</b>  <b>Collected:</b> <b>Received:</b> <b>Reported:</b>	

**COMMENTS:**      FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
INTRINSIC FACTOR BLOCKING ANTIBODY	NEGATIVE		Reference Range: ADULTS: NEGATIVE	EZ

For additional information, please refer to  
<http://education.questdiagnostics.com/faq/IFAB>  
 (This link is being provided for informational/educational  
 purposes only.)