

Patient Report



Patient ID: Specimen ID:

DOB:
Age:
Sex:

Ordered Items: **Iodine, Serum or Plasma; Drawing Fee**

Date Collected:	Date Received:	Date Reported:	Fasting:
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Iodine, Serum or Plasma

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Iodine, Serum or Plasma ^{A,01}	50.5	Limit of quantitation = 20	ug/L	40.0-92.0

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

▲ Out of Reference Range ■ Critical or Alert

Comments

A: This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

Performing Labs

Patient Details

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Request A Test, LTD.
7027 Mill Road Suite 201, BRECKSVILLE, OH,
44141

Phone:

Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: