



Patient Informatio	n	Specimen Information	Client Information	
DOB: Gender: Phone: Patient ID:	AGE:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:		
Test Name		In Range 0	ference Range 0-250 U/L	Lab AT

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: WILLIAM M MILLER, MD, CLIA: 11D0255931