

Patient Information	Specimen Information	Client Information
DOB: _____ AGE: _____ Gender: _____ Phone: _____ Patient ID: _____	Specimen: _____ Requisition: _____ Lab Ref #: _____ Collected: _____ Received: _____ Reported: _____	

COMMENTS: FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
FECAL GLOBIN BY IMMUNOCHEMISTRY				UL
MICRO NUMBER:	72023618			
TEST STATUS:	FINAL			
SPECIMEN SOURCE:	STOOL			
SPECIMEN QUALITY:	ADEQUATE			
RESULT:	Not Detected			

PERFORMING SITE:

UL QUEST DIAGNOSTICS SACRAMENTO, 3714 NORTHGATE BLVD, SACRAMENTO, CA 95834-1617 Laboratory Director: M. ROSE AKIN, M.D., FCAP, CLIA: 05D0644209