

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician:



Ordered Items: **Occult Blood, Fecal, IA; Test Code Change; Written Authorization**

Date Collected:	Date Received:	Date Reported:	Fasting:
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### General Comments & Additional Information

Clinical Info: SRC: STOOL

### Occult Blood, Fecal, IA

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Occult Blood, Fecal, IA <sup>01</sup>	Negative			Negative

### Test Code Change

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Test Code Change <sup>01</sup>				

Please note that the Microbiology test code was changed to reflect the specimen source or transport received.

### Written Authorization

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Written Authorization <sup>01</sup>				

Written Authorization Received.  
Authorization received from per default code 05-18-2021  
Logged by Mayda Blanco

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

#### Icon Legend

▲ Out of reference range    ■ Critical or Alert

#### Performing Labs

01: TA - LabCorp Tampa 5610 W LaSalle Street, Tampa, FL, 33607-1770 Dir: Sean Farrier, MD  
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-877-5227

#### 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:



Date Issued

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