

Patient ID:                      DOB:                      **Patient Report**  
Age:                      Ordering Physician:  
Specimen ID:                      Sex:



Ordered Items: **hCG,Beta Subunit, Qnt, Serum; Venipuncture**

Date Collected:                      Date Received:                      Date Reported:                      Fasting:

## hCG,Beta Subunit, Qnt, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
hCG,Beta Subunit,Qnt,Serum <sup>01</sup>	<1		mIU/mL	
<div><div>Female (Non-pregnant)</div><div>(Postmenopausal)</div><div>Female (Pregnant)</div><div>Weeks of Gestation</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>12</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>0 - 5</div><div>0 - 8</div><div>6 - 71</div><div>10 - 750</div><div>217 - 7138</div><div>158 - 31795</div><div>3697 - 163563</div><div>32065 - 149571</div><div>63803 - 151410</div><div>46509 - 186977</div><div>27832 - 210612</div><div>13950 - 62530</div><div>12039 - 70971</div><div>9040 - 56451</div><div>8175 - 55868</div><div>8099 - 58176</div></div>				
Roche ECLIA methodology				

### Disclaimer

The Previous Result is listed for tests performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the results to the patient.

### Icon Legend

▲ Out of reference range    ■ Critical or Alert

### Performing Labs

01: DA - LabCorp Dallas 7777 Forest Ln Bldg C350, Dallas, TX, 75230-2544 Dir: CN Etufugh, MD  
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 972-598-6000

#### 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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