Pat

**Patient Report** 

Ordering Physician:

 DOB

 Patient ID:
 Age:

 Specimen ID:
 Sex:



Ordered Items: Protein C Antigen

Date Collected: Date Received: Date Reported: Fasting:

## **General Comments & Additional Information**

Clinical Info:

# Protein C Antigen

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Protein CAntigen 02	128		06	60-150

### 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

A 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** 

labcorp Date Created and Stored Final Report