

Specimen ID:  
Control ID:

Phone:

Rte:

**Patient Details**DOB:  
Age(y/m/d):  
Gender:      SSN:  
Patient ID:**Specimen Details**Date collected:  
Date received:  
Date entered:  
Date reported:**Physician Details**Ordering:  
Referring:  
ID:  
NPI:**General Comments & Additional Information**Alternate Control Number:  
Total Volume:Alternate Patient ID:  
Fasting:**Ordered Items**

Silver, Whole Blood; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Silver, Whole Blood</b>					
Silver, WB	<1.0		ng/mL	<1.0	01
Analysis performed by Inductively-Coupled Plasma/Mass Spectrometry (ICP/MS).					

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.