DOB:

# **Patient Report**

Patient ID: Ordering Physician: Age:



Ordered Items: Sodium, Urine; Venipuncture

Date Collected: Date Received: Date Reported: Fasting:

## Sodium, Urine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Sodium, Urine 01	<20		mmol/L	Not Estab.

#### **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

#### **Performing Labs**

**Patient Details Physician Details** Specimen Details

Request A Test, LTD.

7027 Mill Road Suite 201, BRECKSVILLE, OH, Alternate Control Number: Phone:

44141

Date of Birth: Age:

Phone: Sex:

Date Entered: Date Reported: Physician ID: Patient ID: Rte:

NPI: Alternate Patient ID:

Specimen ID:

Date Collected:

Date Received:

Control ID: