DOB:

Patient Report

Ordering Physician:

labcorp

Patient ID: Age: Sex:

Specimen ID:

Ordered Items: Thyroxine Binding Globulin; Venipuncture

Date Collected:	Date Received:	Date Reported:	Fasting:
		•	- C

Thyroxine Binding Globulin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Thyroxine Binding Globulin 01	34		ug/mL	13-39

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

Physician Details **PatientDetails** Specimen Details Specimen ID: Request A Test, LTD. Control ID:

7027 Mill Road Suite 201, BRECKSVILLE, OH, Phone:

44141 Date of Birth:

Date Received: Age: Date Entered: Phone: Sex: Date Reported: Physician ID: Patient ID:

Rte: NPI: Alternate Patient ID:

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Alternate Control Number:

Date Collected: