

Specimen ID: Control ID: Phone:

Dear

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Patient Details

DOB:

Age(y/m/d): Gender: 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: No

Ordered Items

Tin, Blood

	TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Tin, Blo Tin	od	<5.0 Toxic range not est Tin analysis perfor plasma/mass spectro	med by in		<5.0	01

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