

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Trich vag by NAA**

Date Collected:	Date Received:	Date Reported:	Fasting: No
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General Comments & Additional Information

Clinical Info: SRC:UR

Trich vag by NAA

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Trich vag by NAA ⁰¹	Negative			Negative

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

▲ Out of reference range ■ Critical or Alert

Performing Labs

01: CETWE - LabCorp Phoenix 5005 S 40th Street Ste 1200, Phoenix, AZ, 85040-2969 Dir: Earle Collum, MD

For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 303-792-2600

Patient	Details	Physician Details	Specimen Details
		Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141 Phone: Physician ID: NPI:	Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte:
	Phone: Date of Birth: Age: Sex: Patient ID: Alternate Patient ID:		