DOB: **Patient Report**

Ordering Physician:

Patient ID: Age: Specimen ID: Sex:



Ordered Items: IGF-1; Growth Hormone, Serum; Venipuncture

Date Collected:	Date Received:	Date Reported:	Fasting:
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IGF-1

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Insulin-Like Growth Factor I 01	152		ng/mL	65-216

Growth Hormone, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Growth Hormone, Serum ⁰¹	0.2		ng/mL	0.0-10.0

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 Specimen ID: Control ID:

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, Alternate Control Number: Phone: Date Collected:

44141 Date of Birth:

Date Received: Age: Date Entered: Phone: Sex: Date Reported: **Account Number:** Patient ID: Rte:

Alternate Patient ID: Physician ID: NPI:

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