

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Triglycerides; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
-----------------	----------------	----------------	----------

Triglycerides

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Triglycerides ⁰¹	88		mg/dL	0-149

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
▲ Out of Reference Range ■ Critical or Alert

Performing Labs

Patient Details	Physician Details	Specimen Details
Phone: Date of Birth: Age: Sex: Patient ID: Alternate Patient ID:	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: