

Patient Name:
Patient Phone:
Date of Birth (Age):
Sex:
Referring Dr (NPI #):
Patient ID:
Specimen ID:

Account Number:
Account Name:
Collection Date/Time:
Received Date/Time:
Reported Date/Time:

General Comments and Additional Information

Total Vol:

Source:

Result Name	Flag	Result	Range/Units	Status	Lab
007211 Cholinesterase, Serum					
Cholinesterase, Serum		2740	1801-3537 / IU/L	Final	01

Performing Lab

01 - Labcorp Burlington, 1447 York Court, Burlington, NC 27215-3361, (800) 762-4344, Nagendra, Sanjai MD

For Inquiries, the physician may contact the performing lab.

END OF REPORT