

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:

Result Name	Flag	Result	Range/Units	Status	Lab
-------------	------	--------	-------------	--------	-----

001792 Immunoglobulin M, Qn, Serum

Immunoglobulin M, Qn, Serum		76	20-172 / mg/dL	Final	01
-----------------------------	--	----	----------------	-------	----