

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

Fasting:		Total Vol:		Source:	
Result Name	Flag	Result	Range/Units	Status	Lab

140914 Interleukin-4, Serum

Interleukin-4, Serum		<31.2	0.0-31.2 / pg/mL	Final	01
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