

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: No

Total Vol:

Source:

Result Name	Flag	Result	Range/Units	Status	Lab
006452 Complement C3, Serum					
Complement C3, Serum		92	82-167 / mg/dL	Final	01

END OF REPORT

