

Specimen ID:
Control ID:

Acct #:

Phone:

Rte: 00

Patient DetailsDOB:
Age(y/m/d):
Gender: SSN:
Patient ID:**Specimen Details**Date collected:
Date received:
Date entered:
Date reported:**Physician Details**Ordering:
Referring:
ID:
NPI:**General Comments & Additional Information**Alternate Control Number:
Total Volume:Alternate Patient ID:
Fasting:**Ordered Items**

Interleukin-6, Plasma; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Interleukin-6, Plasma	<0.7		pg/mL	0.0 - 12.2	
Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.					