

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
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081315 Histamine Determination, Blood

Histamine Determination, Blood		27	12-127 / ng/mL	Final	
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END OF REPORT