



Patient Report

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

Patient Details

DOB:
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:

Ordered Items

Alternate Patient ID:

Fasting:

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
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Helicobacter pylori, IgM Ab

H pylori, IgM Abs

<9.0

units

0.0 - 8.9

Negative

<9.0

Equivocal

9.0 - 11.0

Positive

>11.0

Disclaimer:

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

Date Issued:

FINAL REPORT

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