



## Patient Report

Specimen ID:

Acct #:

Phone:

Rte:

Control ID:

### 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:

Alternate Patient ID:

Fasting:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Catecholamines, Plasma</b>					
Catecholamine Frac,P					
Norepinephrine, Pl	268		pg/mL	0 - 874	
Epinephrine, Pl	19		pg/mL	0 - 62	
Dopamine, Pl	<30		pg/mL	0 - 48	

For inquiries, the physician may contact **Branch: 504-828-2666 Lab: 800-762-4344**

Date Issued:

**FINAL REPORT**

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