

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

Total Vol:Source:

Result Name	Flag	Result	Range/Units	Status	Lab
007211 Cholinesterase, Serum					
Cholinesterase, Serum		2740	1801-3537 / IU/L	Final	01

Performing Lab

01 - Labcorp Burlington, 1447 York Court, Burlington, NC 27215-3361, (800) 762-4344, Nagendra, Sanjai MD
For Inquiries, the physician may contact the performing lab.

END OF REPORT