Quest Diagnostics

Report Status: Final

Patient Information	Specimen Information	Client Information
DOB: **AGE:** Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab

FECAL GLOBIN BY IMMUNOCHEMISTRY

MICRO NUMBER:
TEST STATUS: FINAL
SPECIMEN SOURCE: INSURE (TM) FOBT TEST CARD
SPECIMEN QUALITY: ADEQUATE
RESULT: Not Detected

PERFORMING SITE:

Walk-In Lab

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