

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #:  Collected: Received: Reported:	

**COMMENTS:**      FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPASE	26		7-60 U/L	

**PERFORMING SITE:**

IG      QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943