

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:

Alternate Patient ID: Fasting:

Ordered Items

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Histamine, Plasma	0.16		ng/mL	<1.00	
Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.					