

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:	

Test Name	In Range	Out Of Range	Reference Range	Lab
<b>COMPLEMENT, TOTAL (CH50)</b>		<b>&gt;60 H</b>	31-60 U/mL	
Verified by repeat analysis.				

**PERFORMING SITE:**