<b>SLabCorp</b>		Patient Report		
becimen ID: ontrol ID:		Acct #:	Phone:	Rte: 0
Patient Details DOB: Age(y/m/d): Gender: SSN: Patient ID:	Specimen Details Date collected: Date received: Date entered: Date reported:	C R II	hysician Details rdering: eferring: D: PI:	
eneral Comments & Additional In ternate Control Number: otal Volume:	nformation	Alternate Patio Fasting:	ent ID:	
rdered Items ngiotensin-Converting Enzyme; Ve	nipuncture			
TESTS ngiotensin-Converting	RESULT FLA	G UNITS	REFERENCE INTERVAL	LA

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