



## Patient Report

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:

Ordered Items

Alternate Patient ID:

Fasting:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>GAD-65 Autoantibody</b>					
GAD-65	<5.0		U/mL	0.0 - 5.0	02

Date Issued:

### FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.  
If you have received this document in error, please call 713-856-8288

© 1995-2019 Laboratory Corporation of America® Holdings  
All Rights Reserved - Enterprise Report Version: 1.00