

Patient Report

Rte: 00

Specimen ID: **Control ID:**

Phone:

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

Chromogranin A; Venipuncture

UNITS TESTS RESULT FLAG REFERENCE INTERVAL LAB

Acct #:

Chromogranin A

nmol/L Chromogranin A performed by Euro-Diagnostica methodology. Results for this test are designated to be for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results for this test should not be used as absolute evidence of presence or absence of malignant disease without confirmation of the diagnosis by another medically established diagnostic product or procedure. Values obtained with different assay methods or kits cannot be used interchangeably.