

Patient Name:	
Patient Phone:	
Date of Birth (Age):	
Sex:	
Referring Dr (NPI #):	
Patient ID:	
Specimen ID:	

Account Number:	
Account Name:	
Collection Date/Time:	
Received Date/Time:	
Reported Date/Time:	

General Comments and Additional Information

Source:

Result Name	Flag	Result	Range/Units	Status	Lab
006452 Complement C3, Serum					
Complement C3, Serum		92	82-167 / mg/dL	Final	01

END OF REPORT