LabCorp			Patient Report
Specimen ID: Control ID:		Acct #: 17452095 Walk-In Lab, LLC VART verified 1645 Tiffany Lane Mande vi lle LA 70-	
Patient Details DOB: Age(y/m/d): Gender: SSN: Patient ID:	Specimen Details Date collected: Date entered: Date reported:	Or Re ID:	nysician Details dering: T ROCKLAND eferring: : F95952 PI: 1215934633
General Comments & Additional Informat Alternate Control Number: Total Volume: Not Provided	tion	Alternate Patie Fasting: No	nt ID: Not Provided
Ordered Items Hep B Core Ab, IgM; Venipuncture			
TESTS	RESULT FL	AG UNITS	REFERENCE INTERVAL LAB
Hep B Core Ab, IgM	Negative		Negative 01
01 RN LabCorp Raritan 69 First Avenue, Rarita For inquiries, the physician may contact			aceli B Reyes, MD

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