Specimen ID: Control ID:				Phone: (800) 539-6119	Rte: 00
Patient Details DOB: Age(y/m/d): Gender: SSN: Patient ID:	Specimen Details Date collected: Date received: Date entered: Date reported:	Date collected: Ordering: M VISCARDI   Date received: Referring:   Date entered: ID: F92919			
General Comments & Additional Inforn Alternate Control Number: Fotal Volume: Not Provided Ordered Items H. pylori Breath Test TESTS			<b>g:</b> Yes	ID: Not Provided	LAB
H. pylori Breath Test	RESULT Negative	FLAG	UNIIS	REFERENCE INTERVAL Negative	01
01 BN LabCorp Burlington 1447 York Court, Bu	rlington, NC 27215-3361		Dir: Williar	m F Hancock, MD	
For inquiries, the physician may cont	act <b>Branch: 504-828-2666</b>	Lab: 800-762-4344			

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 972-598-6000

© 1995-2017 Laboratory Corporation of America® Holdings All Rights Reserved - Enterprise Report Version: 1.00