LabCor	D D					Patient R	eport
Specimen ID: Control ID:			Acct #: 174 Walk-In La VART verif 169 W Aug SLIDELUL	ib, LLC fied gusta Lane	e	0)539-6119	Rte: 00
Patient Details DOB: Age(y/m/d): Gender: SSN: Patient ID:		Specimen Details Date collected: Date entered: Date reported:		Physician Details Ordering: F AN Referring: ID: 1558345843 NPI: 1558345843			
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General Commen Alternate Control		ormation	Alterna Fasting		ID: Not Provideo	i	
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