

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

Fasting: No

Total Vol:

Source:

Result Name	Flag	Result	Range/Units	Status	Lab
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163020 Candida Antibodies IgA

Candida Antibodies IgA	Negative	Negative	Final	01
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Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.

\*\*Please note reference interval change\*\*