



LabCorp Kansas City
 1706 N Corrington Avenue
 Kansas City, MO 64120

Phone: 800-457-1177

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route 40
Patient Last Name			Account Address		
Patient First Name			Direct Laboratory Services		
Patient Middle Name			4040 Florida Street Suite 202		
Patient SS#	Patient Phone	Mandeville LA 70448			
Age (Y/M/D)	Date of Birth	Sex F	Fasting NO	Additional Information	
Patient Address					
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered
 Varicella-Zoster V Ab, IgG; Drawing Fee

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Varicella-Zoster V Ab, IgG	1.22	High	index	0.00 - 0.90	01
Varicella Zoster IgG			Negative	<0.91	
			Equivocal	0.91 - 1.09	
			Positive	>1.09	

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FINAL REPORT

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