

Patient Information	Specimen Information	Client Information
SHULIAK, [REDACTED] DOB: [REDACTED] Gender: F Phone: [REDACTED] Patient ID: [REDACTED] Health ID: [REDACTED]	Specimen: MR190205P Requisition: 0007032 Collected: 12/06/2018 Received: 12/06/2018 / 20:12 EST Reported: 12/07/2018 / 05:20 EST	Client #: 78300020 56W5265 MOSKOWITZ, BRUCE W BRUCE MOSKOWITZ, MD Attn: NATIONWIDE ACCOUNT 1411 N FLAGLER DR STE 7100 WEST PALM BEACH, FL 33401-3418

Test Name	In Range	Out Of Range	Reference Range	Lab
[REDACTED]				

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PERFORMING SITE:

MI QUEST DIAGNOSTICS-MIAMI, 10200 COMMERCE PARKWAY, MIRAMAR, FL 33025-3938 Laboratory Director: JULIE L. FRIEDMAN, MD, CLIA: 10D0277334