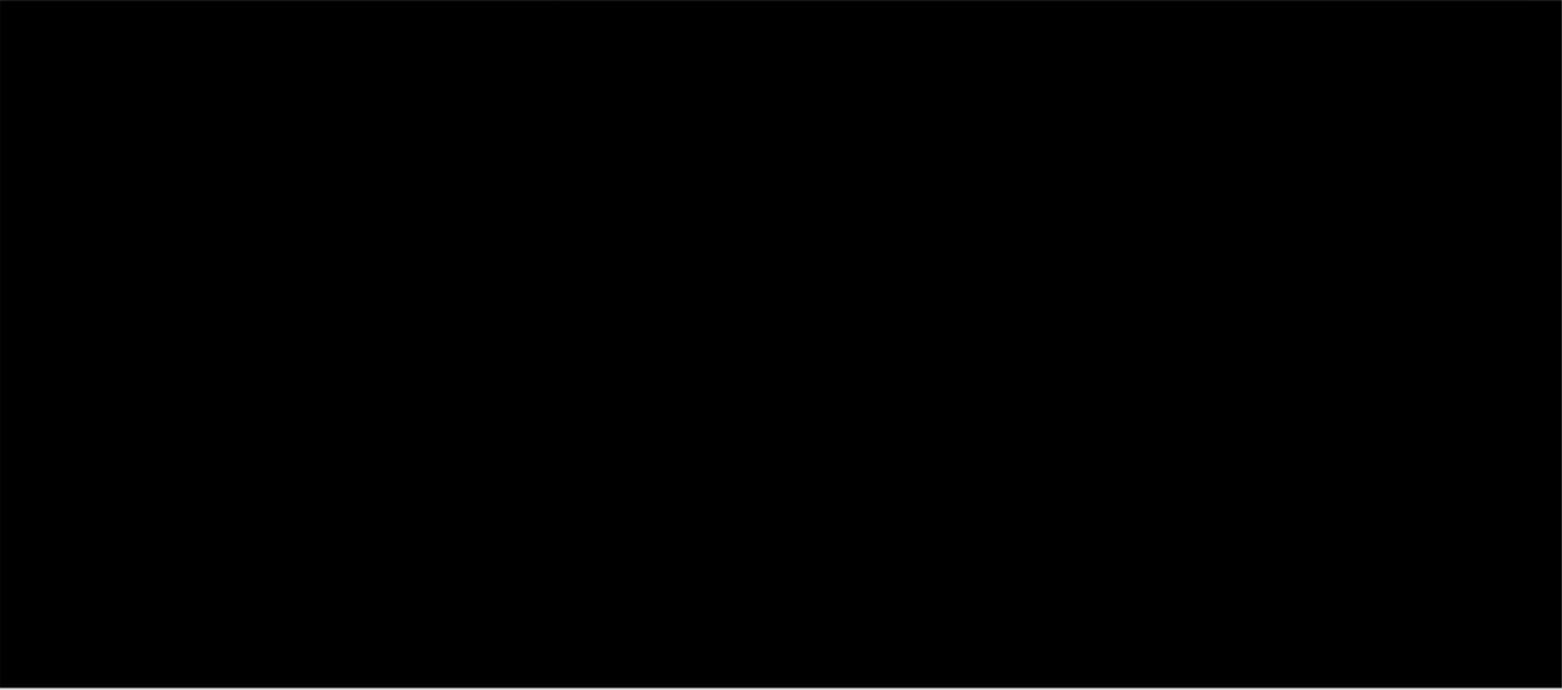


Patient Information	Specimen Information	Client Information
SHULIAK, KARYNA DOB: [REDACTED] AGE: [REDACTED] Gender: F Patient ID: [REDACTED]	Specimen: MR190205P Collected: 12/06/2018 Received: 12/06/2018 / 20:12 EST Reported: 12/10/2018 / 10:27 EST	Client #: [REDACTED] MOSKOWITZ, BRUCE W

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

Endnote 1 Please fax this signed form to [REDACTED]. Please do not attempt to return this document by other methods. Documents will not be viewed by a representative. Please do not use this fax number for other service requests.

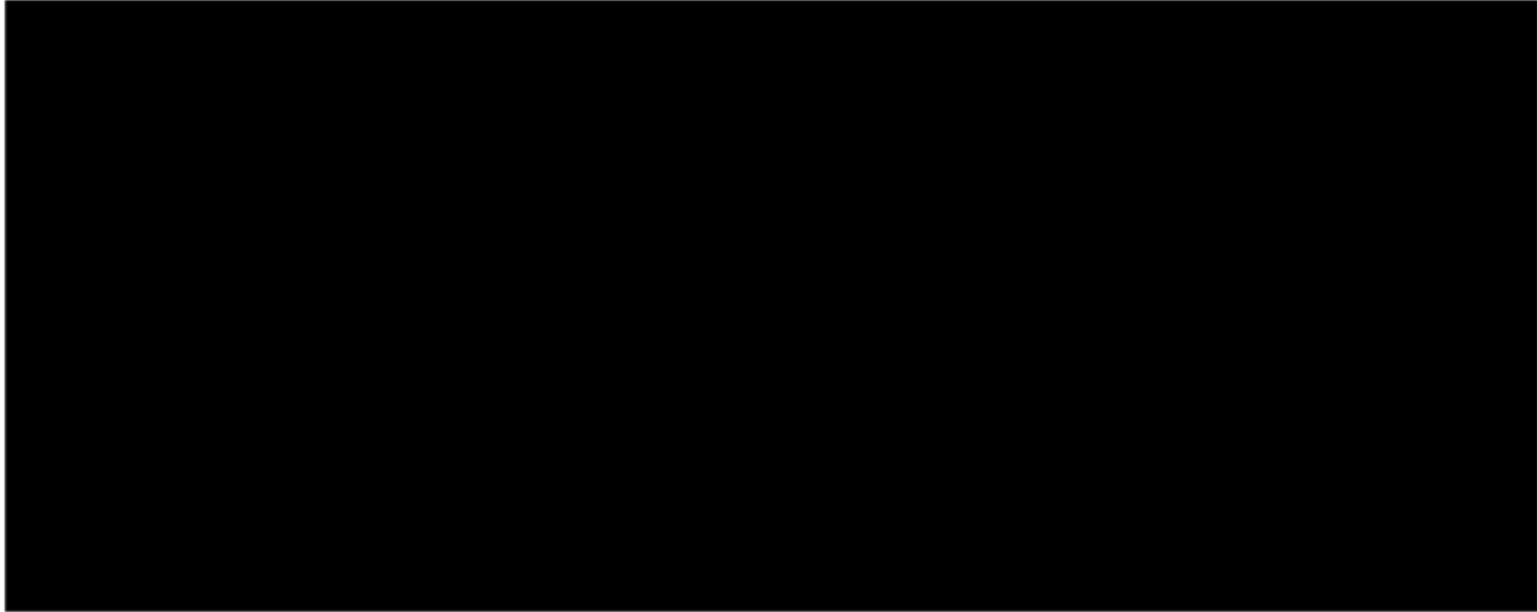
Patient Information	Specimen Information	Client Information
SHULIAK, KARYNA DOB: [REDACTED] AGE: [REDACTED] Gender: F Patient ID: [REDACTED]	Specimen: MR190205P Collected: 12/06/2018 Received: 12/06/2018 / 20:12 EST Reported: 12/10/2018 / 10:27 EST	Client #: [REDACTED] MOSKOWITZ, BRUCE W

**PERFORMING SITE:**

MI QUEST DIAGNOSTICS-MIAMI, 10200 COMMERCE PARKWAY, MIRAMAR, FL 33025-3938 Laboratory Director: JULIE L FRIEDMAN,MD, CLIA: 10D0277334
TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: GLEN L HORTIN,MD,PHD, CLIA: 10D0291120

Patient Information	Specimen Information	Client Information
SHULIAK, KARYNA DOB: [REDACTED] Gender: F Patient ID: [REDACTED]	Specimen: MR190205P Collected: 12/06/2018 Received: 12/06/2018 / 20:12 EST Reported: 12/10/2018 / 10:27 EST	Client #: [REDACTED] MOSKOWITZ, BRUCE W

Test Name	In Range	Out Of Range	Reference Range	Lab
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PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA 4225 E. FOWLER AVE TAMPA FL 33617-2026 MEDICAL DIRECTOR: GLEN L HORTIN,MD,PHD CLIA NO: 10D0291120