

Specimen ID: [REDACTED]
Control ID: [REDACTED]

Acct #: [REDACTED] Phone: [REDACTED] Rte: 67

SHULIAK, KARYNA

Ellen S Marmur MD
12 East 87th Street Ste 1A
New York NY 10128



Patient Details

DOB: [REDACTED]
Age(y/m/d): [REDACTED]
Gender: F SSN: [REDACTED]
Patient ID: [REDACTED]

Specimen Details

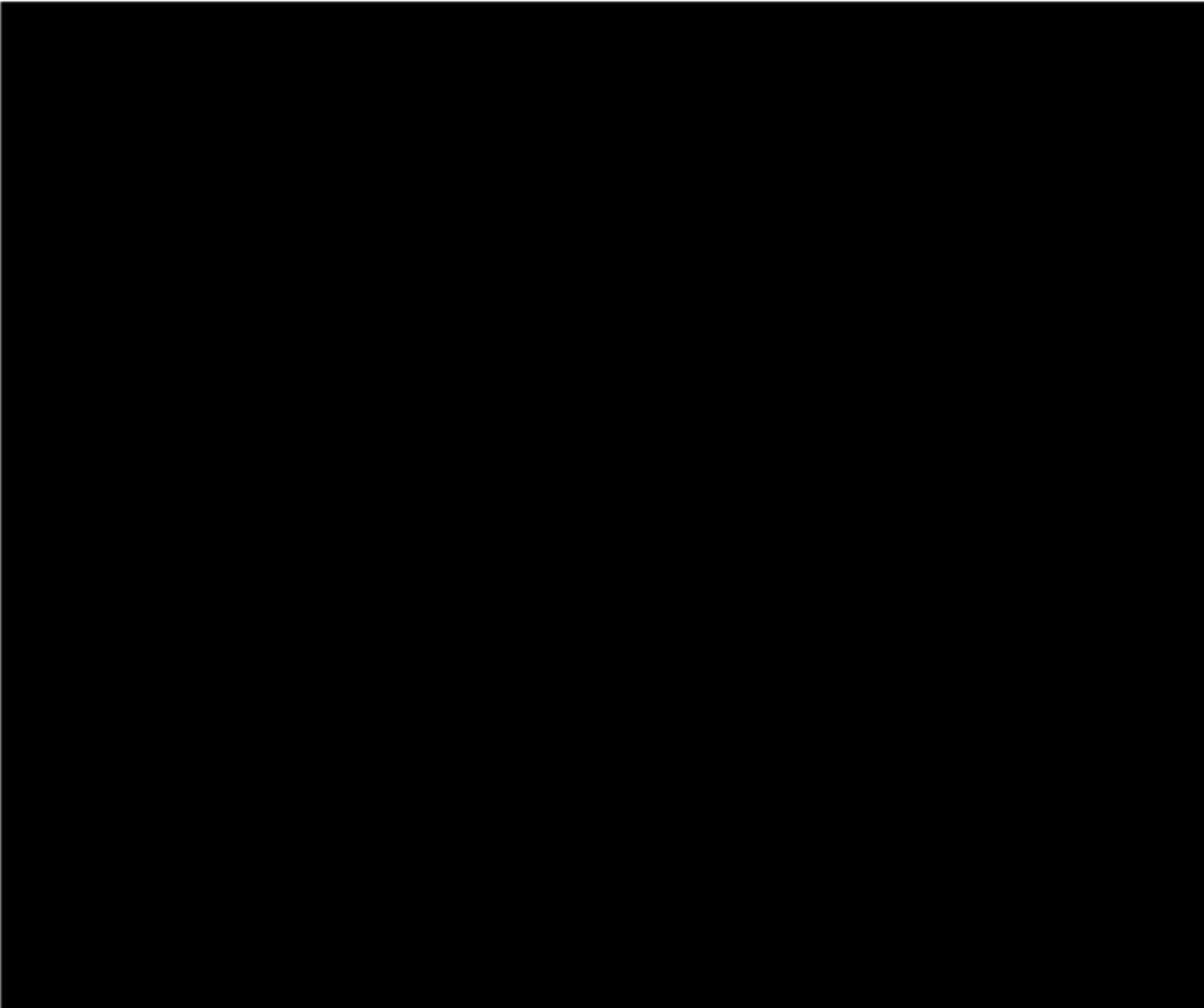
Date collected: 11/30/2018 0000 Local
Date received: 11/30/2018
Date entered: 11/30/2018
Date reported: 11/30/2018 0610 ET

Physician Details

Ordering: E MARMUR
Referring:
ID: [REDACTED]
NPI: [REDACTED]

General Comments & Additional Information

Clinical Info: SRC:



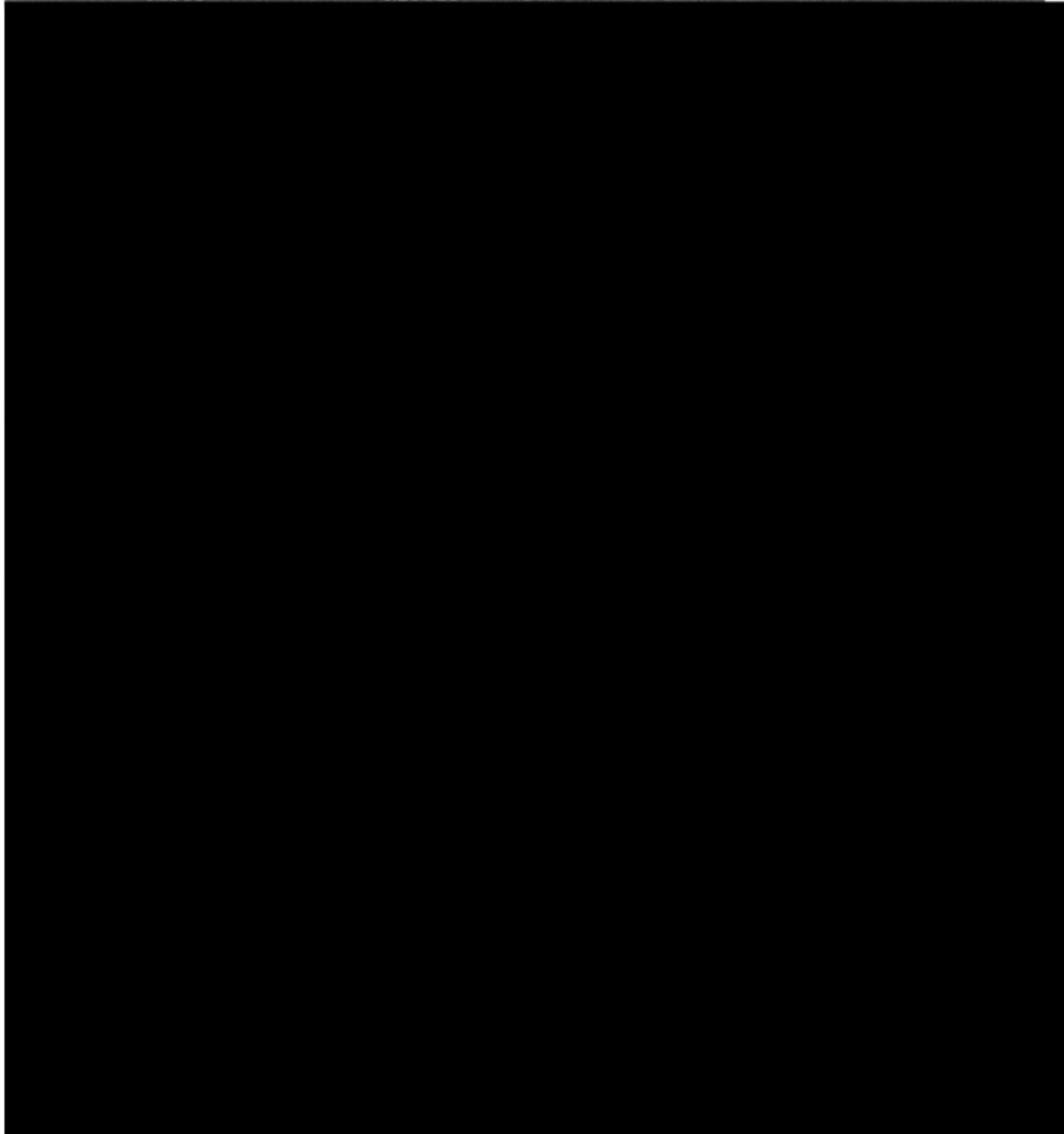
Patient: SHULIAK, KARYNA
DOB: [REDACTED]

Patient ID: [REDACTED]

Control ID: [REDACTED]

Specimen ID: [REDACTED]
Date collected: 10/31/2018 0000 Local
11/29/2018

TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB



Patient: SHULIAK, KARYNA
DOB: [REDACTED]

Patient ID: [REDACTED]

Control ID: [REDACTED]

Specimen ID: [REDACTED]
Date collected: 10/31/2018 0000 Local
1129118

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
[REDACTED]						