

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

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

**SHULIAK, KARYNA**

Ellen S Marmor 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]

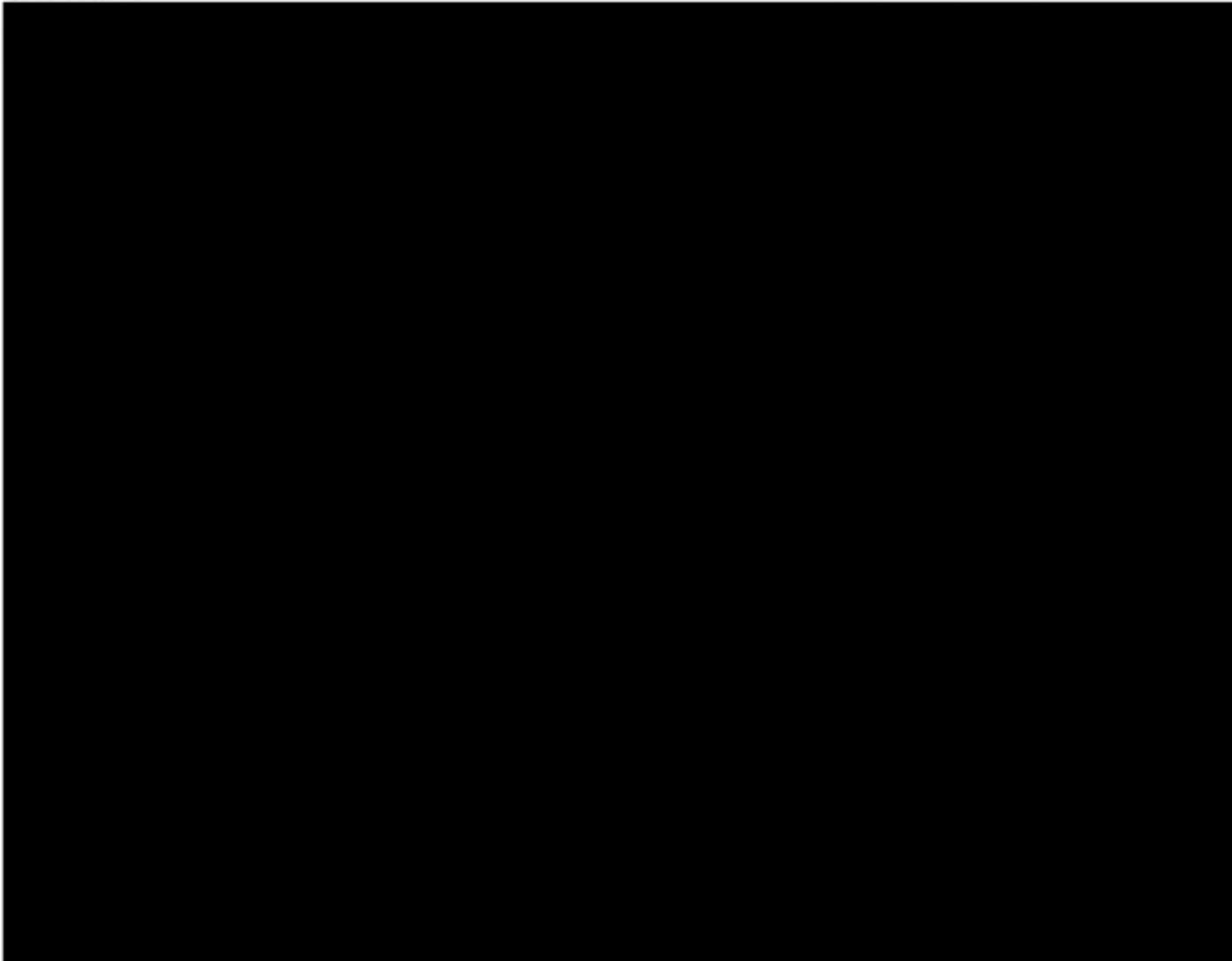
**General Comments & Additional Information**

Clinical Info: SRC:

Alternate Control Number: 16719  
Total Volume: Not Provided

Alternate Patient ID: [REDACTED]  
Fasting: No

**Ordered Items**



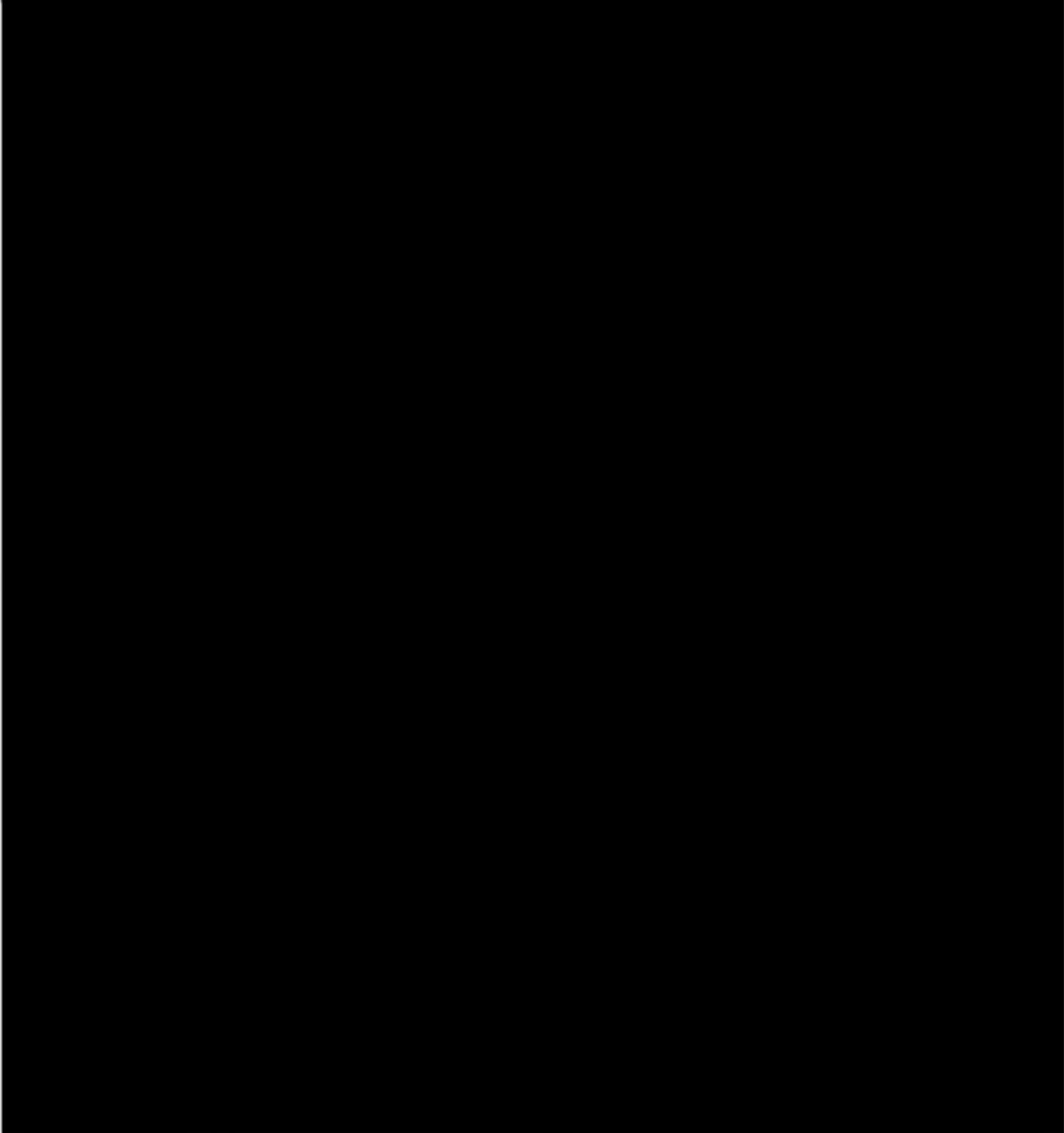
Patient: SHULIAK, KARYNA  
DOB: [REDACTED]

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
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[REDACTED]						
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