

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

Acct #: [REDACTED]

Phone: [REDACTED]

Rte: 67

SHULIAK, KARYNA

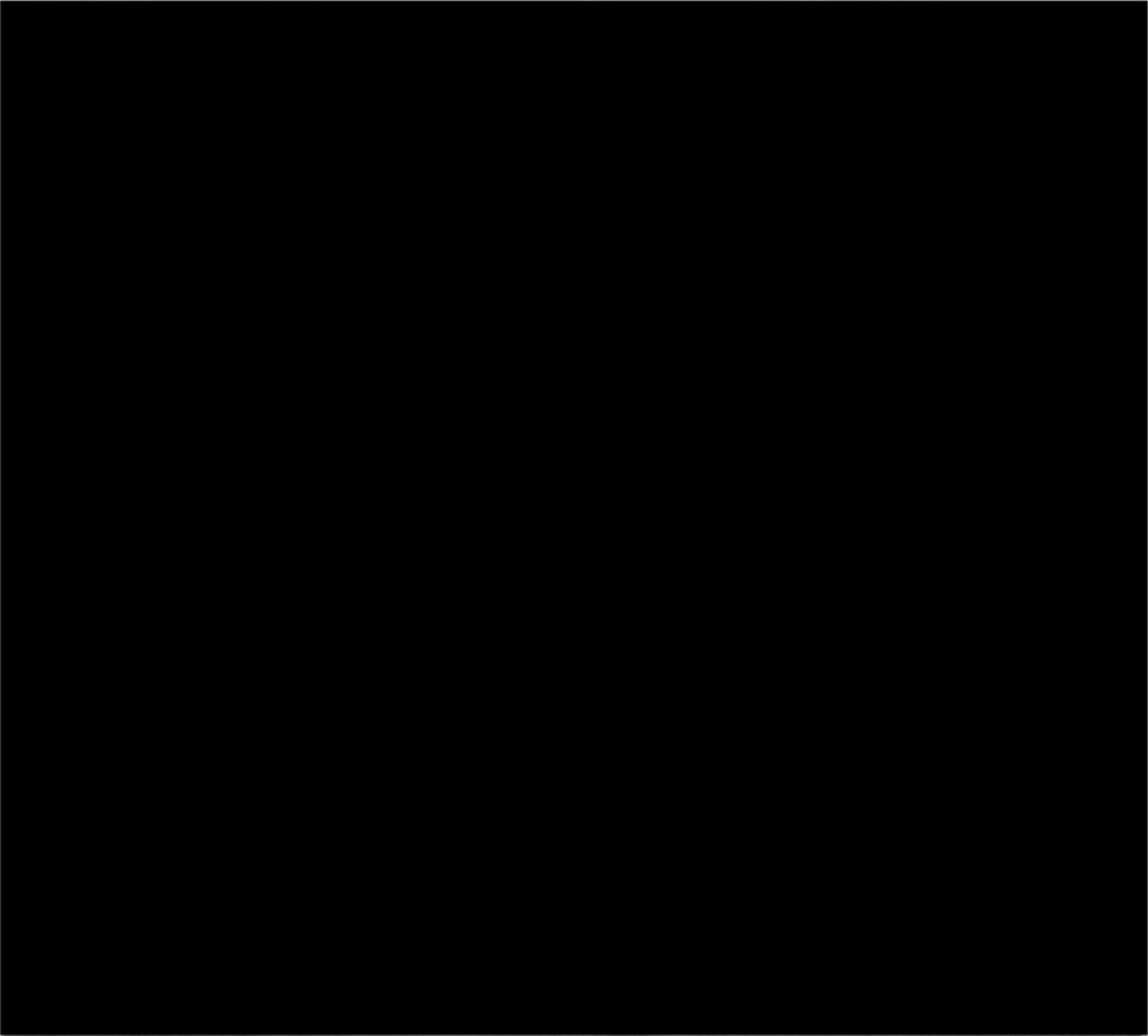
Ellen S Marmor MD
12 East 87th Street Ste 1A
New York NY 10128



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

Specimen Details
Date collected: 10/31/2018 0000 Local
Date received: 11/01/2018
Date entered: 11/01/2018
Date reported: 11/01/2018 0611 ET

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



Patient: SHULIAK, KARYNA
DOB: [REDACTED]

Patient ID: [REDACTED]

Control ID: [REDACTED]

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

TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB

