

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

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

SHULIAK, KARYNA
301 EAST 66TH STREET APT 8H
NEW YORK NY 10065

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

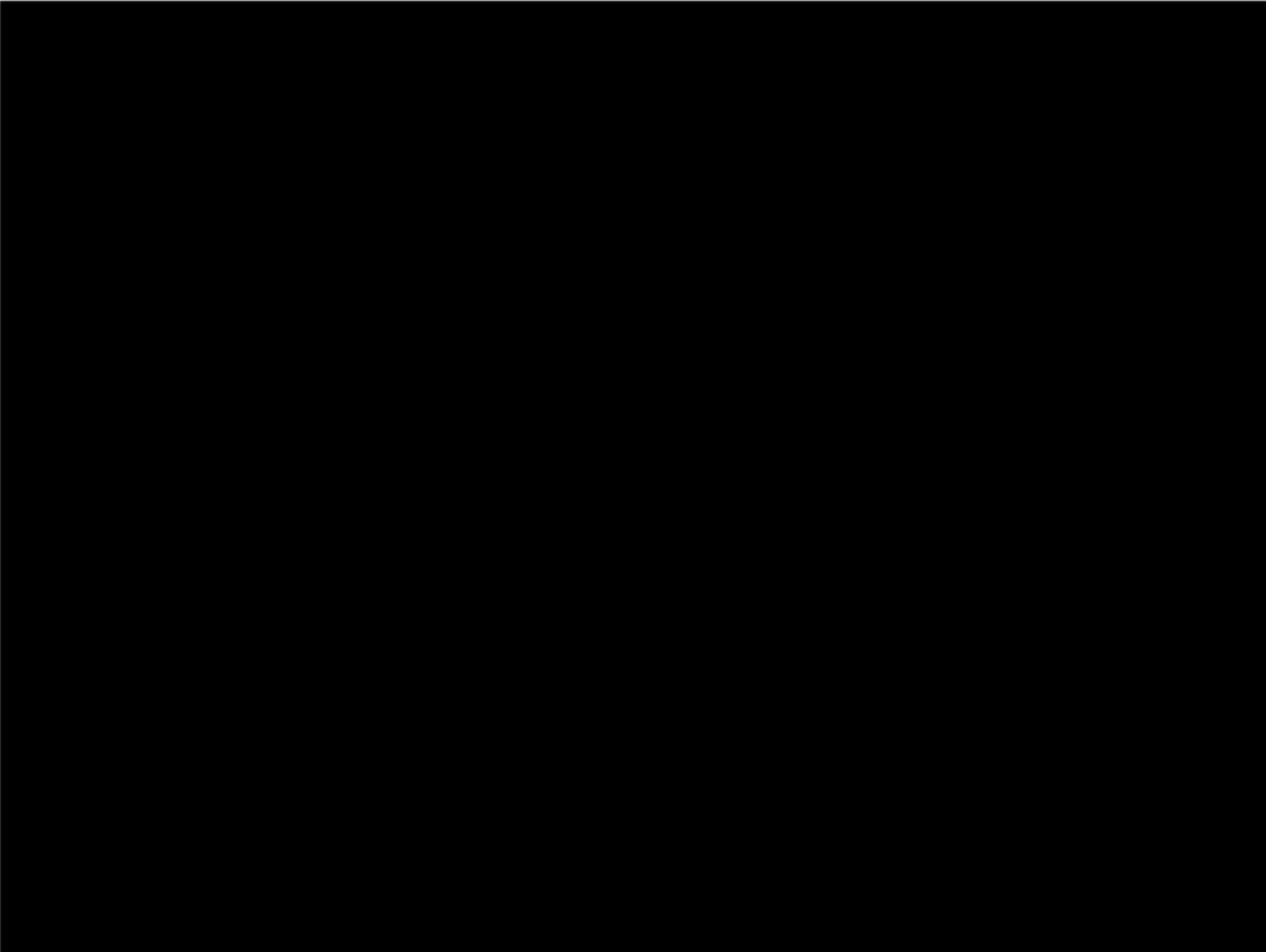
Date collected: 09/13/2018 0000 Local
Date received: 09/14/2018
Date entered: 09/14/2018
Date reported: 09/14/2018 0819 ET

Physician Details

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

General Comments & Additional Information

Clinical Info: SRC:



For inquiries, the physician may contact **Branch: 800-631-5250 Lab: 800-631-5250**