

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
(334) 244-3281

Laboratory Results**Patient Name:** ANNICK-LAURA RELIER**Order Date:** 10/25/2021**MRN:** 5019**DOB:** 11/03/1984**Phone:** (334) 419-8727**Gender:** FEMALE**Placer Order ID:** 00723611**Physician:** BARTON**Filler Order ID:** AL595729K**Physician ID:** 1215285879**Specimen Date:** 10/25/2021 1:52 PM**Fasting:****Result Date:** 11/01/2021 2:01 PM**Disposition:****Specimen Source:** SOURCE, UNSPECIFIED**TEST AUTHORIZATION**

1005

STATUS: FINAL

<u>Test Name</u>	<u>Abnormal</u>	<u>Result Value</u>	<u>Unit of Measure</u>	<u>Ref Range</u>	<u>Status</u>	<u>Producer ID</u>
TEST NAME:		QN THYROGLOBUL IN W/O TGAB			F	AT
TEST CODE:		15561SB			F	AT
CLIENT CONTACT:		MARINDA BICKNELL			F	AT
REPORT ALWAYS MESSAGE SIGNATURE					F	AT

The laboratory testing on this patient was verbally requested or confirmed by the ordering physician or his or her authorized representative after contact with an employee of Quest Diagnostics. Federal regulations require that we maintain on file written authorization for all laboratory testing. Accordingly we are asking that the ordering physician or his or her authorized representative sign a copy of this report and promptly return it to the client service representative.

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Signature:_____

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Please fax this signed page to 855-253-5312 or
return it via your Quest Diagnostics courier.

Lab

QUEST DIAGNOSTICS-ATLANTA(11D0255931) - AT
1777 MONTREAL CIRCLE TUCKER, GA 30084-6802

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Comments:**Confidential**