



Patient ID SA00142322	Patient Name SAMPLEREPORT, FHSPL NORMAL	Birth Date 2004-06-26	Sex M	Age 16
Order Number SA00142322	Client Order Number SA00142322	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 14 Feb 2021 00:00		

Histamine Plasma

0.50 ng/mL

Y165

Reference Value
0-1.0

*This test was developed and its performance characteristics determined by Eurofins Viracor. It has not been cleared or approved by the U.S. Food and Drug Administration.

Received: 15 Feb 2021 14:07

Reported: 15 Feb 2021 16:07

Test Environment
LTCSEQ Template

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
Y165	Eurofins Viracor	18000 W. 99th Street, Lenexa, KS 66219		