

Accession Number: **A1005110002**

Reference Number:

Patient: **Sample Report**

Age: 48 **Sex: Female**

Date of Birth: 02/05/1962

Date Collected: 5/10/10

Date Received: 5/11/10

Report Date: 5/11/10

Telephone: (770) 446-4583

Fax: (770) 441-2237

Reprinted:

Comment:

Ordering Physician:

Metamatrix

3425 Corporate Way  
 Duluth, GA 30096

**0044 Insulin, Fasting**

Methodology: Immunometric Assay



• These guidelines are intended as a starting point for the clinician who requested the test and are based only on the laboratory results included in this report. Final recommendations should be implemented by the clinician with consideration of medical history and current clinical observations.