

In-Common Laboratories

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www.ICLabs.ca

Client Name

Client Address 1

Client Address 2 City, Province, Postal Code,

Country

Patient Name

TEST, SAMPLE

Order ID

1234567890

Sex П

Date of Birth (mm/dd/yyyy)

MM/DD/YYYY

Client File No:

Report Copied To:

Report Printed 12/22/2023 7:48AM

Health Number

XXXXXXXXXJP

ICL Login Date (mm/dd/yyyy)

MM/DD/YYYY HH:MM AM

Authorized Requester Doctor, ICL, MD

Prothrombin Mutation, Whole Blood

Sample ID:

Status MM/DD/YYYY HH:MM AM

Collection Date/Time (mm/dd/yyyy)

MM/DD/YYYY HH:MM AM

TEST RESULT FLAG NORMAL/THERAPEUTIC UNITS TEST SITE

RANGE

Prothrombin Mutation see below

STM

Prothrombin gene G20210A mutation not detected by PCR. Reviewed by Ďr. M. Sholzberg

Reporting Laboratories:

(1) SM-St. Mikes, St. Michael's Hospital, 30 Bond Street, Toronto, ON M5B 1W8,

Patient Complete Name:

Order ID

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