

**In-Common Laboratories**  
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 North York, Ontario M3C 1Z2  
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 Toll Free: (888) 285-7817  
 www.ICLabs.ca

Patient Name  
**TEST, SAMPLE**

Sex  
**U**

Date of Birth (mm/dd/yyyy)  
**MM/DD/YYYY**

Order ID  
**1234567890**

**Client File No:**

Client Name  
 Client Address 1  
 Client Address 2  
 City, Province, Postal Code,  
 Country

Health Number  
**XXXXXXXXXXJP**

Report Printed  
**12/18/2023 9:45AM EST**

ICL Login Date (mm/dd/yyyy)  
**MM/DD/YYYY HH:MM AM**

Authorized Requester  
**DOCTOR, ICL, MD**

**Quinidine, Serum/Plasma**

Sample ID:

Status MM/DD/YYYY HH:MM AM

Collection Date/Time (mm/dd/yyyy)

Order Choice      Testing performed at: AMD, Quest Diagnostics/Nichols Chantilly-Chantilly VA, 14225  
 Comments:        Newbrook Dr, Chantilly, VA, 20151-2228, Laboratory Director: Patrick W Mason  
                          M.D., PhD

TEST	RESULT	FLAG	NORMAL/THERAPEUTIC RANGE	UNITS	TEST SITE
QUINIDINE	2.5		2.0-5.0	mg/L	AMD

**Reporting Laboratories:**

(1) QST-Quest, Quest Diagnostics,

Patient Complete Name:

Order ID

Current Page Number: 1

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