Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
CEA-CARCINO EMBRYONIC ANTIGEN\*
TEST NAME RESULT UNITS REF. INTERVAL
Serum CEA 1.6 ng/ml Non smokers : <3.0
Smokers : <5.0
NOTE : This test was processed at third party lab.
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