Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME VALUE UNITS BIO REF. INTERVAL
Vitamin D3(CLIA/Beckman DXI 800) 31.0 pg/mL Deficient: <20
Insufficient : 20-30
Sufficient : 30-100
NOTE : This test was processed at third party lab.
.