



87 Berdan Ave, Suite 2A Wayne, NJ 07470 Phone: (973) 832-7902 Fax: (973) 832-7980

Patient: Apex Test	Order Date: 7/11/2024	Name: Novalab
ID: 1029	Req/Control #: 0-1-1444	Address: 87 Berdan Ave, Suite 2A
DOB: 1/2/2001	Collection Date:	Wayne, NJ, 07470
Race: Unknown	Collection Time:	Phone: (973) 832-7902
Ethnicity: Unknown	Collected By:	Provider: Testing Provider
Gender: M	Fasting: Unknown	NPI:
Address: 112 st	Priority: Routine	Bill Type: Client
Maplewood WI 54226	Ins: NO INSURANCE	
Phone: 8911111111	Policy:	
Email: apextest@mail.com	Insured: Apex Test	
	Relationship: Self	

Preferred Date/Time: 7/11/2024 13:09

**COMPREHENSIVE METABOLIC (SID:100734) (Container: SST)**

**Observations:**

A/G RATIO	ALBUMIN	ALK.PHOSPHATASE
ALT (SGPT)	AST (SGOT)	BILIRUBIN,TOTAL
BUN	BUN/CREATININE RATIO	CALCIUM
CARBON DIOXIDE	CHLORIDE	CREATININE
EGFR	GLOBULIN	GLUCOSE
POTASSIUM	PROTEIN TOTAL	SODIUM

**CELIAC SEROLOGY PANEL (SID:100734) (Container: SST)**

**Observations:**

ENDOMYSIAL, IGA	GLIADIN IGA	GLIADIN IGG
IMMUNOGLOBULIN A	TISSUE TRANSGLUT (TTG)IGA	TISSUE TRANSGLUT (TTG)IGG

Phleb / Tech Initials \_\_\_\_\_

SST \_\_\_\_\_

*Testing Signature*

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Provider Signature