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Date fields on this report in format DD/MM/YYYY

<b>Patient:</b> Beaker, Bob	<b>DOB:</b> 8/1/1995	<b>Age/Sex:</b> 29 yrs / male
<b>Phone:</b>	<b>MRN:</b> M993003532	<b>Reg Date:</b> 11/3/2024
<b>Address:</b> No address on file.	<b>HCN:</b>	<b>Dis Date:</b>
	<b>CSN:</b> 1001103677	

**Authorizing Provider**

Fiona Mary Smaill, MD

[Family Physician](#)

**Specimen Details**

	Collected	Received	Type	Source
24MCM-071Z0001	11/3/2024 1445	11/3/2024 1447	Blood	Blood, Venous

TEST	RESULT	REF RANGE
APCR Ratio	2.17 (L)	>2.23

**Legend**

L - Low

**Resulting Labs**

<b>MCH LAB</b>	MCMaster HOSPITAL LAB, 1200 Main St. W, Hamilton ON L8N 3Z5	905-521-2100 x75022
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**Referring Facility:** MRN- In Common Lab (ICL) Req Entry  
**Submitter ID:**

**Patient:** Beaker, Bob  
**MRN:** M993003532  
**Location:** ;

**Printed:** 11/3/2024 2:57 PM  
**User:** OLIVER, RYAN  
Page: 1 of 1