

**Customer ID:**  
Requester/Doctor:

Mr Sample Patient

ID: SAMPLE PATIENT

Sample ID:

DOB: 00/00/0000

00VHL000000

Collection date: 00/00/0000

Sample received date: 00/00/000 00:00

Answer report date: 00/00/0000

### Patient Results Report

#### Biochemistry: Trace Metals\*

Test	Result	Unit	Reference range
Zinc (Plasma)	10.1	umol/L	9.6-20.5

*End of report*