

FAX

Date: 04/02/2024

Pages including cover sheet: 2

To:	
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	Sofilite LLC
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	Frisco
	TX 75034-5608
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NOTE:

Send Fax

Preliminary Report

Lab

...

Phone:
Fax:

Patient	Last Name	lab1 lab2 provider	Status	Final	Provider Information	Ordering Physician	(lab loc 1) (lab loc 2) provider
	First Name	lab loc 1		Accession #		3	Referring Physician
	Gender	male	Collection Date	Feb 08 2024		Organization	Lab
	Age	0	Received Date			Location	Lab Loc 1
	Date of Birth	Jan 02 2024	Report Date	Apr 02 2024			
	Patient ID#	1	Specimen Type				

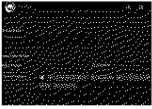
SAMPLE RECEIVED:

A: asdfa

CLINICAL DATA:

dsafas

EPIDERMAL NERVE FIBER DENSITY 4 PUNCH RIGHT



GROSS DESCRIPTION

FINAL DIAGNOSIS

CPT CODES:

88187

COMMENT:

asdfa

This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing)