



Patient ID SA00178435	Patient Name SAMPLEREPORT, FHSPL	Birth Date 2005-12-19	Sex F	Age 19
Order Number SA00178435	Client Order Number SA00178435	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 30 Nov 2025 12:25		

Histamine Plasma

0.45 ng/mL

Y165

Reference Value
0–1.0

*This test was developed and its performance characteristics determined by Eurofins Viracor. It has not been cleared or approved by the U.S. Food and Drug Administration.

FLAG Interpretation: A = Abnormal, H = High, L = Low

Received: 04 Dec 2025 09:52

Reported: 04 Dec 2025 14:02

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
Y165	Eurofins Viracor	18000 W. 99th Street, Suite 10, Lenexa, KS 66219		