Lab document for Charlene J Arsenault for the following tests and procedures: LIVER FIBROSIS, FIBROTEST-ACTITEST PANEL.

RELIANT MEDICAL GROUP
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PHLEB. Initials: _____

Review Initials: _____

Draw Time: _____ AM / PM
Draw Date: _____

Authorizing Department: ABS ENDOSCOPY CENTER
Contact number: 508-425-5446

Authorizing Dept Address:
4 Brotherton Way
AUBURN MA 01501

Releasing Department: Auburn Gastroenterology

Patient Information

Name: Charlene J Arsenault **Provider:** 1235598228 Sood, Richa, NP

DOB: 6/29/1970 **Gender:** female **Order Date**: 5/18/2026 **Release Date:** Jun 25, 2026 **Order Expected Date:** 5/18/2026 **Priority:** Routine

Primary Insurance Plan Name: HP CAP FULLY INS HMO/POS
Primary Insurance Group: HP CAP FULLY INS HMO/POS **Plan:** 616001

For Lab Use Only

Encounter: 518820353

MRN: 880399

Fasting Status **YES** **NO** **# of Hours _____**

Capillary Fee 36416 / Venipuncture Fee 36415

Order Code	Tests Ordered (Total: 1)	Order Code	Tests Ordered
QLS92688	LIVER FIBROSIS, FIBROTEST-ACTITEST PANEL		

Order Details and Comments

Test Code	Order Name	Order ID	Sources	Diagnosis Code
81599	**LIVER FIBROSIS, FIBROTEST-ACTITEST PANEL**	**311102190**	**--**	**K76.0**

Order Questions
Track Order?: No
Release result to patient: Immediate

END OF ORDERS

Electronically signed by: Sood, Richa, NP 2:32 PM 6/25/2026

Patient Name Verification Signature: _____