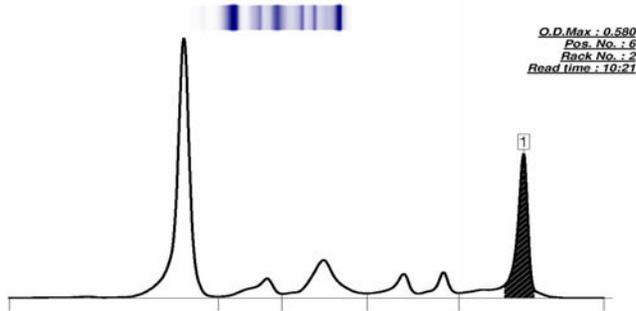




# Protein Electrophoresis with Reflex to Immunofixation, Serum

Patient: [REDACTED] | Date of Birth: [REDACTED] | Sex: F | Physician: [REDACTED]  
Patient Identifiers: [REDACTED] | Visit Number (FIN): [REDACTED]

**Electrophoresis Image**



**Immunofixation (IFE) Gel Image**

