

Specimen Number		Patient ID		Control Number	Account Number	Account Phone Number	Route
Patient Last Name				Account Address			
Patient First Name		Patient Middle Name		,			
<b>JOSHUA</b>							
Patient SSN	Patient Phone	Total Volume					
Age (Y/M/D)	Date of Birth	Sex:	Fasting				
<b>34/09/24</b>	<b>10/12/1984</b>	<b>M</b>	<b>NO</b>				
Patient Address				Additional Information			
Date and Time Collected	Date Entered	Date and Time Reported		Physician Name	NPI	Physician ID	
<b>08/06/2019 11:06</b>	<b>08/06/2019</b>	<b>08/09/2019 18:07 ET</b>		<b>R MCCLAIN</b>			
Tests Ordered							
<b>CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel w/ Chol/HDL Ratio; Testosterone, Free+Total LC/MS; Estradiol, Sensitive;</b>							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	5.9		X10E3/UL	3.4-10.8	01
RBC	4.89		X10E6/UL	4.14-5.80	01
HEMOGLOBIN	15.9		G/DL	13.0-17.7	01
HEMATOCRIT	46.4		%	37.5-51.0	01
MCV	95		FL	79-97	01
MCH	32.5		PG	26.6-33.0	01
MCHC	34.3		G/DL	31.5-35.7	01
RDW	12.9		%	12.3-15.4	01
PLATELETS	251		X10E3/UL	150-450	01
NEUTROPHILS	59		%	NOT ESTAB.	01
LYMPHS	31		%	NOT ESTAB.	01
MONOCYTES	7		%	NOT ESTAB.	01
EOS	2		%	NOT ESTAB.	01
BASOS	1		%	NOT ESTAB.	01
IMMATURE CELLS					01
NEUTROPHILS (ABSOLUTE)	3.4		X10E3/UL	1.4-7.0	01
LYMPHS (ABSOLUTE)	1.8		X10E3/UL	0.7-3.1	01
MONOCYTES (ABSOLUTE)	0.4		X10E3/UL	0.1-0.9	01
EOS (ABSOLUTE)	0.1		X10E3/UL	0.0-0.4	01
BASO (ABSOLUTE)	0.1		X10E3/UL	0.0-0.2	01
IMMATURE GRANULOCYTES	0		%	NOT ESTAB.	01
IMMATURE GRANS (ABS)	0.0		X10E3/UL	0.0-0.1	01
NRBC					01
HEMATOLOGY COMMENTS:					
Comp. Metabolic Panel (14)					
GLUCOSE	67		MG/DL	65-99	01
BUN	9		MG/DL	6-20	01

**FJOSHUA**

Seq#

For Inquiry Purpose Only.

These results are considered preliminary and are not the final lab report. A final report will be provided via your current reporting mechanism.

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Tests Ordered

**CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel w/ Chol/HDL Ratio; Testosterone, Free+Total LC/MS; Estradiol, Sensitive;**

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Comp. Metabolic Panel (14)

CREATININE	0.96		MG/DL	0.76-1.27	01
EGFR IF NONAFRICN AM	103		ML/MIN/1.73	>59	01
EGFR IF AFRICN AM	119		ML/MIN/1.73	>59	01
BUN/CREATININE RATIO	9			9-20	01
SODIUM	142		MMOL/L	134-144	01
POTASSIUM	4.4		MMOL/L	3.5-5.2	01
CHLORIDE	100		MMOL/L	96-106	01
CARBON DIOXIDE, TOTAL	27		MMOL/L	20-29	01
CALCIUM	9.4		MG/DL	8.7-10.2	01
PROTEIN, TOTAL	6.9		G/DL	6.0-8.5	01
ALBUMIN	4.7		G/DL	3.5-5.5	01
GLOBULIN, TOTAL	2.2		G/DL	1.5-4.5	01
A/G RATIO	2.1			1.2-2.2	01
BILIRUBIN, TOTAL	0.7		MG/DL	0.0-1.2	01
ALKALINE PHOSPHATASE	57		IU/L	39-117	01
AST (SGOT)	21		IU/L	0-40	01
ALT (SGPT)	22		IU/L	0-44	01

Lipid Panel w/ Chol/HDL Ratio

CHOLESTEROL, TOTAL	149		MG/DL	100-199	01
TRIGLYCERIDES	106		MG/DL	0-149	01
HDL CHOLESTEROL	43		MG/DL	>39	01
VLDL CHOLESTEROL CAL	21		MG/DL	5-40	01
LDL CHOLESTEROL CALC	85		MG/DL	0-99	01
COMMENT:					01
T. CHOL/HDL RATIO	3.5		RATIO	0.0-5.0	01

T. Chol/HDL Ratio

	Men	Women
1/2 Avg.Risk	3.4	3.3
Avg.Risk	5.0	4.4

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Lipid Panel w/ Chol/HDL Ratio

2X Avg.Risk 9.6 7.1  
3X Avg.Risk 23.4 11.0

Testosterone, Free+Total LC/MS

<b>TESTOSTERONE, TOTAL, LC/I</b>	<b>1024.0</b>	<b>HIGH</b>	<b>NG/DL</b>	<b>264.0-916.0</b>	<b>02</b>
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This LabCorp LC/MS-MS method is currently certified by the CDC Hormone Standardization Program (HoSt). Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Trivison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

FREE TESTOSTERONE(DIRECT)	18.9		PG/ML	8.7-25.1	02
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Estradiol, Sensitive

ESTRADIOL, SENSITIVE	17.6		PG/ML	8.0-35.0	02
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Methodology: Liquid chromatography tandem mass spectrometry(LC/MS/MS)

SEX HORM BINDING GLOB, SERUM

SEX HORM BINDING GLOB, SER	54.5		NMOL/L	16.5-55.9	01
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