

Ordering Provider SAYA, J	Collect Date & Time 7/26/2018 11:17 am	Date of Service 7/26/2018 12:00 am	Status Change Date 7/31/2018 7:12am	Status FINAL	Signed 08/01/2018 RUTH	Req. Number 10418045120	
Diagnostic Test / Results	Results	Out of Range	Flag	Units	Range	Site	Stat
CBC/Diff Ambiguous Default [Final]							
Notes	Fasting - Yes						
WBC	6.3			x10E3/u L	3.4-10.8	01	F
RBC	5.69			x10E6/u L	4.14-5.80	01	F
Hemoglobin	16.9			g/dL	13.0-17.7	01	F
Hematocrit	49.0			%	37.5-51.0	01	F
MCV	86			fL	79-97	01	F
MCH	29.7			pg	26.6-33.0	01	F
MCHC	34.5			g/dL	31.5-35.7	01	F
RDW	13.7			%	12.3-15.4	01	F
Platelets	208			x10E3/u L	150-379	01	F
Neutrophils	66			%	Not Estab.	01	F
Lymphs	27			%	Not Estab.	01	F
Monocytes	6			%	Not Estab.	01	F
Eos	1			%	Not Estab.	01	F
Basos	0			%	Not Estab.	01	F
Immature Cells	NP					01	X
Neutrophils (Absolute)	4.0			x10E3/u L	1.4-7.0	01	F
Lymphs (Absolute)	1.7			x10E3/u L	0.7-3.1	01	F
Monocytes(Absolute)	0.4			x10E3/u L	0.1-0.9	01	F
Eos (Absolute)	0.1			x10E3/u L	0.0-0.4	01	F
Baso (Absolute)	0.0			x10E3/u L	0.0-0.2	01	F
Immature Granulocytes	0			%	Not Estab.	01	F
Immature Grans (Abs)	0.0			x10E3/u L	0.0-0.1	01	F
NRBC	NP					01	X
Hematology Comments:	NP					01	X
Notes	A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/ Technical Services Department to clarify the test order. We appreciate your business.						
Comp. Metabolic Panel (14) [Final]							
Glucose	93			mg/dL	65-99	01	F
BUN	19			mg/dL	6-24	01	F
Creatinine	1.22			mg/dL	0.76-1.27	01	F
eGFR If NonAfricn Am	73			mL/min/1 .73	>59	01	F
eGFR If Africn Am	85			mL/min/1 .73	>59	01	F
BUN/Creatinine Ratio	16				9-20	01	F
Sodium	141			mmol/L	134-144	01	F
Potassium	4.6			mmol/L	3.5-5.2	01	F
Chloride	100			mmol/L	96-106	01	F
Carbon Dioxide, Total	24			mmol/L	20-29	01	F
Flag Legend: Flag Legend: L (Below Low Normal) H (Above High Normal) LL (Alert Low) HH (Alert High) < (Panic Low) > (Panic High) A (Abnormal) AA (Critical Abnormal)							
Lab Patient Name:	KOCHANSKI, BRIAN	DOB:	01/12/1977	SSN:		Client:	

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Diagnostic Test / Results			Results			Out of Range		Flag	Units	Range		Site	Stat
Comp. Metabolic Panel (14) [Final]													
Calcium			9.5						mg/dL	8.7-10.2		01	F
Protein, Total			6.8						g/dL	6.0-8.5		01	F
Albumin			4.4						g/dL	3.5-5.5		01	F
Globulin, Total			2.4						g/dL	1.5-4.5		01	F
A/G Ratio			1.8							1.2-2.2		01	F
Bilirubin, Total			0.7						mg/dL	0.0-1.2		01	F
Alkaline Phosphatase			65						IU/L	39-117		01	F
AST (SGOT)			23						IU/L	0-40		01	F
ALT (SGPT)			24						IU/L	0-44		01	F
Lipid Panel [Final]													
Cholesterol, Total			174						mg/dL	100-199		01	F
Triglycerides						200		H	mg/dL	0-149		01	F
HDL Cholesterol						39		L	mg/dL	>39		01	F
VLDL Cholesterol Cal			40						mg/dL	5-40		01	F
LDL Cholesterol Calc			95						mg/dL	0-99		01	F
Comment:			NP									01	X
Testosterone,Free and Total [Final]													
Testosterone, Serum						1104		H	ng/dL	264-916		01	F
Notes			Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.										
Free Testosterone(Direct)						29.8		H	pg/mL	6.8-21.5		01	F
Dihydrotestosterone [Final]													
Dihydrotestosterone						90		H	ng/dL			02	F
Notes			Reference Range: Adult Male: 30 - 85										
Thyroxine (T4) Free, Direct, S [Final]													
T4,Free(Direct)			1.20						ng/dL	0.82-1.77		01	F
DHEA-Sulfate [Final]													
DHEA-Sulfate			229.8						ug/dL	102.6-416.3		01	F
TSH [Final]													
TSH			1.400						uIU/mL	0.450-4.500		01	F
Prostate-Specific Ag, Serum [Final]													
Prostate Specific Ag, Serum			0.4						ng/mL	0.0-4.0		01	F
Notes			Roche ECLIA methodology. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.										
Reverse T3, Serum [Final]													
Reverse T3, Serum			15.3						ng/dL	9.2-24.1		03	F
Estradiol, Sensitive [Final]													
Estradiol, Sensitive						38.3		H	pg/mL	8.0-35.0		03	F
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Estradiol, Sensitive [Final] Notes	This test was developed and its performance characteristics determined by LabCorp. It has not been cleared by the Food and Drug Administration. Methodology: Liquid chromatography tandem mass spectrometry (LC/MS/MS)					
Triiodothyronine (T3), Free [Final] Triiodothyronine (T3), Free	3.3			pg/mL	2.0-4.4	01
Sex Horm Binding Glob, Serum [Final] Sex Horm Binding Glob, Serum	38.7			nmol/L	16.5-55.9	01
Ambig Abbrev CMP14 Default [Final] Ambig Abbrev CMP14 Default	Comment					01
Notes	A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.					
Ambig Abbrev LP Default [Final] Ambig Abbrev LP Default	Comment					01
Notes	A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.					
Cardiovascular Report [Final] Interpretation	Note					04
Notes	<p>Medical Director's Note: Ambig Abbrev LP Default: A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.</p> <p>Medical Director's Note: Ambig Abbrev CMP14 Default: A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.</p> <p>Supplemental report is available.</p>					
PDF Image	.					04
Tests Performed at Labs / Sites						
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01	LabCorp Raritan 69 First Avenue Raritan, NJ 088691800 - MD Reyes Araceli B MD - 8006315250
02	LabCorp Burlington 1447 York Court Burlington, NC 272153361 - MD Hancock William F MD - 8007624344
03	Litholink Corporation 2250 West Campbell Park Drive Chicago, IL 606123502 - MD Asplin John R MD - 3122430600
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