

<b>Ordering Provider ,</b>	<b>Collect Date &amp; Time</b> 8:15 am	<b>Date of Service</b> 12:00 am	<b>Status Change Date</b> 12:37pm	<b>Status</b> FINAL	<b>Signed</b>	<b>Req. Number</b>	
<b>Diagnostic Test / Results</b>	<b>Results</b>	<b>Out of Range</b>	<b>Flag</b>	<b>Units</b>	<b>Range</b>	<b>Site</b>	<b>Stat</b>
<b>CBC/Diff Ambiguous Default [Final]</b>							
Notes	Fasting - Yes						
WBC	7.7			x10E3/u L	3.4-10.8	01	F
RBC	5.48			x10E6/u L	4.14-5.80	01	F
Hemoglobin	16.0			g/dL	12.6-17.7	01	F
Hematocrit	48.0			%	37.5-51.0	01	F
MCV	88			fL	79-97	01	F
MCH	29.2			pg	26.6-33.0	01	F
MCHC	33.3			g/dL	31.5-35.7	01	F
RDW		15.6	H	%	12.3-15.4	01	F
Platelets	209			x10E3/u L	150-379	01	F
Neutrophils	22			%		01	F
Lymphs	69			%		01	F
Monocytes	7			%		01	F
Eos	2			%		01	F
Basos	0			%		01	F
Immature Cells	NP					01	X
Neutrophils (Absolute)	1.7			x10E3/u L	1.4-7.0	01	F
Lymphs (Absolute)		5.3	H	x10E3/u L	0.7-3.1	01	F
Monocytes(Absolute)	0.6			x10E3/u L	0.1-0.9	01	F
Eos (Absolute)	0.2			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			%		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.						
<b>Comp. Metabolic Panel (14) [Final]</b>							
Glucose, Serum	92			mg/dL	65-99	01	F
BUN	15			mg/dL	6-24	01	F
Creatinine, Serum	1.11			mg/dL	0.76-1.27	01	F
eGFR If NonAfricn Am	80			mL/min/1.73	>59	01	F
eGFR If Africn Am	93			mL/min/1.73	>59	01	F
BUN/Creatinine Ratio	14				9-20	01	F
Sodium, Serum	143			mmol/L	134-144	01	F
Potassium, Serum	4.5			mmol/L	3.5-5.2	01	F
Chloride, Serum	100			mmol/L	96-106	01	F
Carbon Dioxide, Total	23			mmol/L	18-29	01	F
<b>Flag Legend:</b> 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)							
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<b>Comp. Metabolic Panel (14) [Final]</b>							
Calcium, Serum	9.7			mg/dL	8.7-10.2	01	F
Protein, Total, Serum	7.3			g/dL	6.0-8.5	01	F
Albumin, Serum	4.6			g/dL	3.5-5.5	01	F
Globulin, Total	2.7			g/dL	1.5-4.5	01	F
A/G Ratio	1.7				1.2-2.2	01	F
Bilirubin, Total	1.0			mg/dL	0.0-1.2	01	F
Alkaline Phosphatase, S	57			IU/L	39-117	01	F
AST (SGOT)	28			IU/L	0-40	01	F
ALT (SGPT)	26			IU/L	0-44	01	F
<b>Lipid Panel [Final]</b>							
Cholesterol, Total		261	H	mg/dL	100-199	01	F
Triglycerides	112			mg/dL	0-149	01	F
HDL Cholesterol	84			mg/dL	>39	01	F
VLDL Cholesterol Cal	22			mg/dL	5-40	01	F
LDL Cholesterol Calc		155	H	mg/dL	0-99	01	F
Comment:	NP					01	X
<b>Testosterone,Free and Total [Final]</b>							
Testosterone, Serum	772			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)	15.2			pg/mL	6.8-21.5	02	F
<b>DHEA-Sulfate [Final]</b>							
DHEA-Sulfate	275.4			ug/dL	102.6-416.3	01	F
<b>TSH [Final]</b>							
TSH	2.900			uIU/mL	0.450-4.500	01	F
<b>Luteinizing Hormone(LH), S [Final]</b>							
LH		<0.2	L	mIU/mL	1.7-8.6	01	F
<b>Prolactin [Final]</b>							
Prolactin		21.8	H	ng/mL	4.0-15.2	01	F
<b>Prostate-Specific Ag, Serum [Final]</b>							
Prostate Specific Ag, Serum	0.6			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.						
<b>Vitamin D, 25-Hydroxy [Final]</b>							
Vitamin D, 25-Hydroxy		25.9	L	ng/mL	30.0-100.0	01	F
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<b>Vitamin D, 25-Hydroxy [Final]</b> Notes	<p>Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).</p> <p>1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.</p> <p>2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.</p>						
<b>Estradiol, Sensitive [Final]</b>							
Estradiol, Sensitive		61.7	H	pg/mL	8.0-35.0	02	F
Notes	<p>This test was developed and its performance characteristics determined by LabCorp. It has not been cleared by the Food and Drug Administration.</p> <p>Methodology: Liquid chromatography tandem mass spectrometry(LC/MS/MS)</p>						
<b>Sex Horm Binding Glob, Serum [Final]</b>							
Sex Horm Binding Glob, Serum	52.3			nmol/L	16.5-55.9	01	F
<b>Ambig Abbrev CMP14 Default [Final]</b>							
Ambig Abbrev CMP14 Default	Comment					01	F
Notes	<p>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>						
<b>Ambig Abbrev LP Default [Final]</b>							
Ambig Abbrev LP Default	Comment					01	F
Notes	<p>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>						
<b>Cardiovascular Report [Final]</b>							
Interpretation	Note					03	F
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<b>Cardiovascular Report [Final]</b>  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>Supplement report is available.</p>						
PDF Image	.					03	F
01							
02							
03							
Tests Performed at Labs / Sites							
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