

LabCorp
Laboratory Corporation of America

Patient ID		Route	
Patient Last Name		12	
Patient First Name		Patient Middle Name	
Patient SSN		Total Volume	
Age	Sex	Fasting	
37	M	Yes	
Patient Address		Additional Information	
		UPIN:	
Date and Time Collected	Date Entered	Date and Time Reported	Physician ID
07/11/07 10:35	07/11/07	07/12/07 10:21ET	

Tests Ordered
CBC With Differential/Platelet; Comp. Metabolic Panel (14); TSH; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

CBC With Differential/Platelet

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
WBC	9.3		x10E3/uL	4.0 - 10.5	01
RBC	5.44		x10E6/uL	4.10 - 5.60	01
Hemoglobin	12.3	Low	g/dL	12.5 - 17.0	01
Hematocrit	37.5		%	36.0 - 50.0	01
MCV	69	Low	fL	80 - 98	01
MCH	22.6	Low	pg	27.0 - 34.0	01
MCHC	32.7		g/dL	32.0 - 36.0	01
RDW	19.2	High	%	11.7 - 15.0	01
Platelets	400		x10E3/uL	140 - 415	01
Neutrophils	60		%	40 - 74	01
Lymphs	21		%	14 - 46	01
Monocytes	11		%	4 - 13	01
Eos	7		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	5.6		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.0		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	1.0		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.7	High	x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Hematology Comments:	Note:				01
Slight microcytosis.					
Moderate anisocytosis.					

Comp. Metabolic Panel (14)

TESTS	RESULT	UNITS	REFERENCE INTERVAL	LAB
Glucose, Serum	99	mg/dL	65 - 99	01
BUN	9	mg/dL	5 - 26	01
Creatinine, Serum	1.0	mg/dL	0.5 - 1.5	01
BUN/Creatinine Ratio	9		8 - 27	
Sodium, Serum	140	mmol/L	135 - 148	01
Potassium, Serum	4.0	mmol/L	3.5 - 5.5	01
Chloride, Serum	104	mmol/L	96 - 109	01
Carbon Dioxide, Total	26	mmol/L	20 - 32	01
Calcium, Serum	9.1	mg/dL	8.5 - 10.6	01

			Seq # 7264
--	--	--	------------

FINAL REPORT

Page 1 of 2

LabCorp
Laboratory Corporation of America

Phone

Patient Name				Date and Time Collected		Date Reported		Sex
[REDACTED]				07/11/07 10:35		07/12/07		M

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Protein, Total, Serum	5.9	Low	g/dL	6.0 - 8.5	01
Albumin, Serum	3.5		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.5			1.1 - 2.5	
Bilirubin, Total	0.2		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	67		IU/L	25 - 150	01
AST (SGOT)	16		IU/L	0 - 40	01
ALT (SGPT)	18		IU/L	0 - 55	01
TSH	2.433		uIU/mL	0.350 - 5.500	01

01 PD [REDACTED] Dir: [REDACTED]
 For inquiries, the physician may contact Branch: [REDACTED] Lab: [REDACTED]

FINAL REPORT

Page 2 of 2

This report contains private and confidential information. It is intended for the use of the physician to whom it is addressed. LabCorp is not responsible for the use of this information for any other purpose. LabCorp Holdings

TO: [REDACTED]

LabCorp

Patient ID		Patient Last Name		Patient First Name		Patient Middle Name		Patient SSN		Total Volume		Age		Sex		Fasting		Patient Address		Additional Information		Kiosk			
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		37		M		NO		[REDACTED]		SRC:ST SRC:ST		UPIN: [REDACTED]		12	
Date and Time Collected		Date Entered		Date and Time Reported		NPI		Physician ID																	
07/11/07 15:56		07/11/07		07/15/07 10:08ET		[REDACTED]		[REDACTED]																	

Tests Ordered
Stool Culture; C difficile Toxins A+B, EIA; Ova + Parasite Exam; [REDACTED]

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Stool Culture					
Salmonella/Shigella Screen	Final Report				01
Result 1	No Salmonella or Shigella recovered.				01
Campylobacter Culture	Final Report				01
Result 1	No Campylobacter species isolated.				01
E coli Shiga Toxin EIA	Negative			Negative	01
C difficile Toxins A+B, EIA	Negative			Negative	01
Ova + Parasite Exam	Final Report				01
Ova + Parasite Exam	These results were obtained using wet preparation(s) and trichrome stained smear. This test does not include testing for Cryptosporidium parvum, Cyclospora, or Microsporidia.				01
Result 1	No ova, cysts, or parasites seen.				01

01 PD [REDACTED]
 For inquiries [REDACTED]

[REDACTED]



Patient ID		Phone		Route
Patient Last Name		Account Address		12
Patient First Name	Patient Middle Name		[REDACTED]	
Patient SS#	Total Volume		[REDACTED]	
Sex	M	Fasting	No	
Patient Address		Additional Information		
[REDACTED]		UPIN: [REDACTED]		
Date and Time Collected	Date Entered	Date and Time Reported	NPI	Physician ID
08/02/07 10:11	08/02/07	08/08/07 10:23ET	[REDACTED]	[REDACTED]
Celiac Disease II; Venipuncture; [REDACTED]				

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Celiac Disease II					
Endomysial Antibody IgA	Negative			Negative	01
t-Transglutaminase (tTG) IgA	1		U/mL	0 - 3	01
			Negative	0 - 3	
			Weak Positive	4 - 10	
			Positive	>10	
Tissue Transglutaminase (tTG) has been identified as the endomysial antigen. Studies have demonstrated that endomysial IgA antibodies have over 99% specificity for gluten sensitive enteropathy.					
t-Transglutaminase (tTG) IgG	1		U/mL	0 - 5	01
			Negative	0 - 5	
			Weak Positive	6 - 9	
			Positive	>9	
Immunoglobulin A, Qn, Serum	188		mg/dL	70 - 400	02

01	BN	LabCorp Burlington	Dir: Frank Hancock, MD
		1447 York Court, Burlington, NC 27215-2230	
02	PD	[REDACTED]	[REDACTED]

For inquiries, the physician may contact branch: [REDACTED]

[REDACTED]	[REDACTED]	Seq # 7486
------------	------------	------------

DUPLICATE FINAL REPORT

Specimen # [REDACTED] Control/Reg Number [REDACTED] Pg 1

Pasting No [REDACTED] Micro Source [REDACTED] Total Urine Volume [REDACTED] Report Status S /Final

Date Collected [REDACTED] Time Collected 10:42 Date Entered 03/03/08 Date Reported 03/05/08

Patient ID Number [REDACTED] Patient Phone Number [REDACTED] Patient SSN [REDACTED]

Patient Name [REDACTED] Sex M Date of Birth [REDACTED]

Patient Address [REDACTED] 6

Comments
PATN AGE: 037, [REDACTED]

RECEIVED LabCorp® V 1.32

Clinical Information MAR - 5 2008

99

NPI: [REDACTED] UPIN: [REDACTED] PHY NAME: [REDACTED]

Tests Requested HBcAb+M+HBeAb+Ag+HBsAg; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Hepatic Function Panel (7); HCV Antibody; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HBcAb+M+HBeAb+Ag+HBsAg					
HBsAg Screen	Negative			Negative	01
Hep Be Ag	Negative			Negative	02
Hep B Core Ab, IgM	Negative			Negative	01
Hep B Core Ab, Tot	Negative			Negative	01
Hep Be Ab	Negative			Negative	02
CBC With Differential/Platelet					
WBC	8.4		x10E3/uL	4.0 - 10.5	01
RBC	5.59		x10E6/uL	4.10 - 5.60	01
Hemoglobin	13.1		g/dL	12.5 - 17.0	01
Hematocrit	40.1		%	36.0 - 50.0	01
MCV	72	Low	fL	80 - 98	01
MCH	23.5	Low	pg	27.0 - 34.0	01
MCHC	32.7		g/dL	32.0 - 36.0	01
RDW	18.2	High	%	11.7 - 15.0	01
Platelets	405		x10E3/uL	140 - 415	01
Neutrophils	62		%	40 - 74	01
Lymphs	25		%	14 - 46	01
Monocytes	9		%	4 - 13	01
Eos	3		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	5.2		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.8		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Comp. Metabolic Panel (14)					
Glucose, Serum	102	High	mg/dL	65 - 99	01
BUN	15		mg/dL	5 - 26	01
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	01
BUN/Creatinine Ratio	15			8 - 27	01
Sodium, Serum	139		mmol/L	135 - 148	01
Potassium, Serum	4.3		mmol/L	3.5 - 5.5	01
Chloride, Serum	103		mmol/L	96 - 109	01
Carbon Dioxide, Total	28		mmol/L	20 - 32	01
Calcium, Serum	9.9		mg/dL	8.5 - 10.6	01
Protein, Total, Serum	6.8		g/dL	6.0 - 8.5	01
Albumin, Serum	4.2		g/dL	3.5 - 5.5	01
Globulin, Total	2.6		g/dL	1.5 - 4.5	01

FINAL REPORT

© 2005 Laboratory Corporation of America® Holdings
All Rights Reserved

Specimen #		Control/Reg Number		Pg 2
Fasting	Micro Source	Total Urine Volume	Report Status	
No			S /Final	
Date Collected	Time Collected	Date Entered	Date Reported	
03/03/08	10:42	03/03/08	03/05/08	
Patient ID Number	Patient Ph	Patient SSN		
Patient Name	Sex	Date of Birth		
	M			
Comments				
PATN AGE: 037				

Clinical Information

Account

99

UPIN

PHY NAME:

Tests Requested HBCAb+M+HBeAb+Ag+HBsAg; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Hepatic Function Panel (7); HCV Antibody; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
A/G Ratio	1.6			1.1 - 2.5	
Bilirubin, Total	0.3		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	91		IU/L	25 - 150	01
AST (SGOT)	21		IU/L	0 - 40	01
ALT (SGPT)	16		IU/L	0 - 55	01
Hepatic Function Panel (7)					
Bilirubin, Direct	0.08		mg/dL	0.00 - 0.40	01
HCV Antibody					
Hep C Virus Ab	<0.1		s/co ratio	0.0 - 0.9	01
			Negative:	< 0.8	
			Indeterminate	0.8 - 0.9	
			Positive:	> 0.9	

In order to reduce the incidence of a false positive result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed with additional RIBA or PCR testing.

01 PD LabCorp Dir:

02 BN LabCorp Burlington Dir: Frank Hancock, MD
1447 York Court, Burlington, NC 27215-2230

For inquiries, the physician may contact Branch:

LAST PAGE OF REPORT

FINAL REPORT

Control/Specimen		Pg 1	
Fasting No	Micro Source	Total Urine Volume	Report Status S /Final
Date Collected 06/30/08	Time Collected 10:12	Date Entered 06/30/08	Date Reported 07/01/08
Number	Patient ID	Patient SSN	
Patient Name	Sex M	Date of Birth	
Patient Address			
Comments PATN AGE: 038			

Clinical Information STANDING ORDER	RECEIVED JUL - 1 2008
Account	
UPIN: [REDACTED]	
PHY NAME: [REDACTED]	

Tests Requested CBC With Differential/Platelet; Basic Metabolic Panel (8); Iron and TIBC; C-Reactive Protein, Quant; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	8.2		x10E3/uL	4.0 - 10.5	01
RBC	5.55		x10E6/uL	4.10 - 5.60	01
Hemoglobin	14.9		g/dL	12.5 - 17.0	01
Hematocrit	44.1		%	36.0 - 50.0	01
MCV	80		fL	80 - 98	01
MCH	26.8	Low	pg	27.0 - 34.0	01
MCHC	33.7		g/dL	32.0 - 36.0	01
RDW	17.4	High	%	11.7 - 15.0	01
Platelets	324		x10E3/uL	140 - 415	01
Neutrophils	57		%	40 - 74	01
Lymphs	30		%	14 - 46	01
Monocytes	8		%	4 - 13	01
Eos	4		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	4.7		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.4		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.6		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Basic Metabolic Panel (8)					
Glucose, Serum	86		mg/dL	65 - 99	01
BUN	16		mg/dL	5 - 26	01
Creatinine, Serum	1.00		mg/dL	0.50 - 1.50	01
Glom Filt Rate, Est	>60		mL/min	60 - 137	
If African-American	>60		mL/min	60 - 137	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org .					
BUN/Creatinine Ratio	16			8 - 27	
Sodium, Serum	141		mmol/L	135 - 145	01
Potassium, Serum	4.8		mmol/L	3.5 - 5.2	01
Chloride, Serum	104		mmol/L	97 - 108	01
Carbon Dioxide, Total	21		mmol/L	20 - 32	01
Calcium, Serum	9.8		mg/dL	8.5 - 10.6	01
Iron and TIBC					
Iron Bind.Cap. (TIBC)	372		ug/dL	250 450	

FINAL REPORT

Supplies # [redacted] Control/Ref N° [redacted] Pg 2

Fasting NO Micro Source [redacted] Total Urine Volume [redacted] Report Status S /Final

Date Collected 06/30/08 Time Collected 10:12 Date Entered 06/30/08 Date Reported 07/01/08

Patient ID Number [redacted] Patient Phone Number [redacted] Patient SSN [redacted]

Patient Name [redacted] Sex M Date of Birth [redacted]

Patient Address [redacted]

Comments
PATN AGE: 038 [redacted]

Clinical Information
STANDING ORDER Q 3MOS

Account
[redacted] 99

Tests Requested CBC With Differential/Platelet; Basic Metabolic Panel (8); Iron and TIBC; C-Reactive Protein, Quant; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
UIBC	342		ug/dL	150 - 375	01
Iron, Serum	30	Low	ug/dL	40 - 155	01
Iron Saturation	8	Alert	%	15 - 55	
C-Reactive Protein, Quant	1.2		mg/L	0.0 - 4.9	01

01 PD [redacted]
For inquiries, the physician may contact Branch: [redacted]

LAST PAGE OF REPORT

- Iron def persists

- folate in 3 months

recheck CBC, Iron sat, Ferritin
in 3 months
+ CRP.

7/23 Iron gluconate 325 tid

FINAL REPORT

send note to PA.

Specimen #		Control/Reg Number		Pg 1
Fasting No	Micro Source	Total Urine Volume	Report Status S /Final	
Date Collected 06/30/08	Time Collected 10:12	Date Entered 10/17/08	Date Reported 10/18/08	
Patient ID Number	Patient Phone Number	Patient SSN		
Patient Name	Sex M	Date of Birth 03/14/70		
Patient Address				
Comments				
PATN AGE: 038				

Clinical Information
STANDING ORDER Q 3MOS

Account

M.D.

99

UPIN: [REDACTED]
PHY NAME: [REDACTED]

Tests Requested CBC With Differential/Platelet; Basic Metabolic Panel (8); Iron and TIBC; C-Reactive Protein, Quant; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	9.8		x10E3/uL	4.0 - 10.5	01
RBC	5.51		x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.7		g/dL	12.5 - 17.0	01
Hematocrit	45.7		%	36.0 - 50.0	01
MCV	83		fL	80 - 98	01
MCH	28.5		pg	27.0 - 34.0	01
MCHC	34.4		g/dL	32.0 - 36.0	01
RDW	15.1	High	%	11.7 - 15.0	01
Platelets	334		x10E3/uL	140 - 415	01
Neutrophils	55		%	40 - 74	01
Lymphs	31		%	14 - 46	01
Monocytes	9		%	4 - 13	01
Eos	4		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	5.4		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	3.0		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.9		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.4		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Basic Metabolic Panel (8)					
Glucose, Serum	63	Low	mg/dL	65 - 99	01
Serum was received in contact with cells. This may cause erroneous increases in AST, ALT, LD, GGT, potassium and phosphorus and a decrease in glucose. Clinical correlation indicated.					
BUN	16		mg/dL	5 - 26	01
Creatinine, Serum	1.12		mg/dL	0.76 - 1.27	01
Glom Filt Rate, Est	>59		mL/min/1.73	60 - 137	
EFFECTIVE OCTOBER 27, 2008 the reference interval on 'Glom Filt Rate, Est' and 'If African-American' will be changing to >59 mL/min/1.73.					
If African-American	>59		mL/min/1.73	60 - 137	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					

FINAL REPORT

Specimen #		Control/Reg Number		Pg 2	
Fasting	Micro Source	Total Urine Volume	Report Status		
No			S /Final		
Date Collected	Time Collected	Date Entered	Date Reported		
06/30/08	10:12	10/17/08	10/18/08		
Patient Name		Sex		Date of Birth	
		M		03/14/70	
Comments					
PATN AGE: 038					

Clinical Information	
STANDING ORDER Q 3MOS	
Account	
99	
UPIN:	
PHY NAME:	

Tests Requested CBC With Differential/Platelet; Basic Metabolic Panel (8); Iron and TIBC; C-Reactive Protein, Quant; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	138		mmol/L	135 - 145	01
Potassium, Serum	4.7		mmol/L	3.5 - 5.2	01
Chloride, Serum	99		mmol/L	97 - 108	01
Carbon Dioxide, Total	24		mmol/L	20 - 32	01
Calcium, Serum	9.9		mg/dL	8.5 - 10.6	01
Iron and TIBC					
Iron Bind.Cap. (TIBC)	340		ug/dL	250 - 450	
UIBC	271		ug/dL	150 - 375	01
Iron, Serum	69		ug/dL	40 - 155	01
Iron Saturation	20		%	15 - 55	
C-Reactive Protein, Quant	1.0		mg/L	0.0 - 4.9	01

01 PD [REDACTED]

For inquiries, the physician may contact Branch: [REDACTED]

LAST PAGE OF REPORT

FINAL REPORT