



INDEPENDENT LABORATORY REPORT  
 STATE OF NEW YORK  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF LABORATORY SERVICES

DATE: 08/12/03  
 TIME: 10:00 AM  
 NAME: [illegible]  
 ADDRESS: [illegible]  
 CITY: [illegible]  
 STATE: [illegible]  
 ZIP: [illegible]

TESTS REQUESTED: [illegible]  
 TESTS PERFORMED: [illegible]  
 TESTS NOT PERFORMED: [illegible]

TEST	RESULT	REFERENCE RANGE	COMMENTS
1	100	100	
2	100	100	
3	100	100	
4	100	100	
5	100	100	
6	100	100	
7	100	100	
8	100	100	
9	100	100	
10	100	100	
11	100	100	
12	100	100	
13	100	100	
14	100	100	
15	100	100	
16	100	100	
17	100	100	
18	100	100	
19	100	100	
20	100	100	

LABORATORY USE ONLY  
 ANALYST: [illegible]  
 SUPERVISOR: [illegible]  
 DATE: 08/12/03

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08/12/03  
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