

Insulin

Testmaster Testing 3060 S Church Street Burlington, NC 27215

Laboratory Corporation of America			Burlington, NC 27215				Phone: 336-436-2762	
Specimen Number 324-988-9517-0			Patient I	D	Control Number	Account Number 900099	Account Phone Number 336-436-8645	Route 00
Patient Last Name SAMPLE					Account Address LabCorp Test Master			
Patient First Name 004333			Patient M	iddle Name	Test Account			
Patient SS# Pa		Patient Pho	one	Total Volume				
Age (Y/M/D) 26/10/07		te of Birth 11/90	Sex F	Fasting	Burlington NC 27215			
		Patient Address			NORMAL REPO	Additional Info	ormation	
		Date Entered 11/19/16	Date and Time Reported		Physician Name	NPI	Physician	i ID
				Tests C	Ordered			

	TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Insuli	n	12.2		uIU/mL	2.6 - 24.9	01

01		LabCorp Burlington Dir: William F Hancock, MD
		1447 York Court, Burlington, NC 27215-3361
For	inquirie	es, the physician may contact Branch: 800-222-7566 Lab: 336-436-2762

SAMPLE, 004333 324-988-9517-0 Seq#0000



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Phone: 336-436-2762 Account Phone Number Patient ID Control Number Account Number Route 324-988-9518-0 90000999 336-436-8645 00 Patient Last Name Account Address SAMPLE LabCorp Test Master Patient First Name Patient Middle Name Test Account 004333 3060 South Church Street Patient SS# Patient Phone Total Volume Burlington NC 27215 Age (Y/M/D) 26/10/07 Date of Birth 01/11/90 Fasting М Patient Address Additional Information ABNORMAL REPORT Physician ID Date and Time Collected Date Entered Date and Time Reported Physician Name NPI 11/18/16 00:00 11/19/16 Tests Ordered

Insulin

TESTS RESULT FLAG UNITS REFERENCE INTERVAL

Insulin 28.6 High uIU/mL 2.6 - 24.9 01

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LAB