

340-504-0662-0		10008097804		29407320		609-971-0010		87	
Patient Last Name <b>ROBLES</b>				Account Address M Yassin MD					
Patient First Name <b>GISELLE</b>			Patient Middle Name			115 Lacey Rd Forked River NJ 08731			
Patient SS#		Patient Phone 609-549-0654		Total Volume					
Age (Y/M/D) 1/02/00		Date of Birth 10/06/10		Sex F		Fasting No			
Patient Address 1324 FOCH AVE Forked River NJ 08731				Additional Information RC:1,HS:1,TP:V,PP:I,CT:					
Date and Time Collected 12/06/11 11:46		Date Entered 12/06/11		Date and Time Reported 12/07/11 08:20ET		Physician Name YASSIN, M		NPI 1922387620	
						Physician ID			

Tests Ordered CBC/Diff Ambiguous Default; Lead, Blood (Pediatric); Venipuncture
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>CBC/Diff Ambiguous Default</b>					
WBC	9.6		x10E3/uL	4.8 - 11.4	01
RBC	4.60		x10E6/uL	3.96 - 4.96	01
Hemoglobin	12.4		g/dL	10.9 - 13.5	01
Hematocrit	36.7		%	32.4 - 39.1	01
MCV	80		fL	75 - 86	01
MCH	27.0		pg	25.5 - 29.9	01
MCHC	33.8		g/dL	33.0 - 36.0	01
RDW	14.1		%	12.3 - 15.1	01
Platelets	317		x10E3/uL	150 - 440	01
Neutrophils	28		%	22 - 60	01
Lymphs	59		%	28 - 66	01
Monocytes	6		%	3 - 10	01
<b>Eos</b>	<b>6</b>	<b>High</b>	%	0 - 4	01
Basos	1		%	0 - 2	01
Neutrophils (Absolute)	2.7		x10E3/uL	1.2 - 5.2	01
<b>Lymphs (Absolute)</b>	<b>5.7</b>	<b>High</b>	x10E3/uL	1.6 - 5.6	01
Monocytes (Absolute)	0.6		x10E3/uL	0.2 - 0.8	01
<b>Eos (Absolute)</b>	<b>0.5</b>	<b>High</b>	x10E3/uL	0.0 - 0.3	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.3	01
Immature Granulocytes	0		%	0 - 2	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

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.

**Lead, Blood (Pediatric)** Will Follow

<b>ROBLES, GISELLE</b>		<b>340-504-0662-0</b>	Seq # 5652
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12/07/11 08:20 ET

**PRELIMINARY REPORT**

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LabCorp Raritan  
69 First Avenue  
Raritan, NJ 08869-1800

Phone: 800-631-5250

Patient Name <b>ROBLES, GISELLE</b>					Specimen Number <b>340-504-0662-0</b>		
Account Number 29407320	Patient ID	Control Number 10008097804	Date and Time Collected 12/06/11 11:46	Date Reported 12/07/11	Sex F	Age(Y/M/D) 1/02/00	Date of Birth 10/06/10

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Venipuncture

Forked River, NJ 609-693-2502

01	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869-1800	Dir: Michael Mahoney, MD
For inquiries, the physician may contact <b>Branch: 800-762-4522 Lab: 800-631-5250</b>			

<b>ROBLES, GISELLE</b>		<b>340-504-0662-0</b>	Seq # 5652
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12/07/11 08:20 ET

**PRELIMINARY REPORT**

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