



LabCorp Raritan  
 69 First Avenue  
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number <b>325-504-3258-0</b>		Patient ID		Control Number 10108392774	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name <b>SCHOEN</b>				Account Address M Yassin MD			
Patient First Name <b>EMMA</b>		Patient Middle Name <b>E</b>		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 732-966-1911	Total Volume					
Age (Y/M/D) 1/02/06	Date of Birth 09/15/10	Sex F	Fasting No				
Patient Address 15 DADDY TUCKER DR LITTLE EGG HARBO NJ 08087				Additional Information			
Date and Time Collected 11/21/11 01:46	Date Entered 11/22/11	Date and Time Reported 11/24/11 08:15ET	Physician Name YASSIN, M	NPI 1922387620	Physician ID		

Tests Ordered  
 CBC/Diff Ambiguous Default; Lead, Blood (Pediatric); Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>CBC/Diff Ambiguous Default</b>					
WBC	5.8		x10E3/uL	4.8 - 11.4	01
RBC	4.28		x10E6/uL	3.96 - 4.96	01
Hemoglobin	11.7		g/dL	10.9 - 13.5	01
Hematocrit	34.9		%	32.4 - 39.1	01
MCV	82		fL	75 - 86	01
MCH	27.3		pg	25.5 - 29.9	01
MCHC	33.5		g/dL	33.0 - 36.0	01
RDW	12.9		%	12.3 - 15.1	01
Platelets	268		x10E3/uL	150 - 440	01
Neutrophils	23		%	22 - 60	01
Lymphs	64		%	28 - 66	01
Monocytes	8		%	3 - 10	01
Eos	4		%	0 - 4	01
Basos	1		%	0 - 2	01
Neutrophils (Absolute)	1.3		x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	3.7		x10E3/uL	1.6 - 5.6	01
Monocytes(Absolute)	0.5		x10E3/uL	0.2 - 0.8	01
Eos (Absolute)	0.2		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)** 1 ug/dL 0 - 9 01  
 The Centers for Disease Control and Prevention states blood lead levels less than 10 ug/dL in children have been associated with numerous adverse health effects.  
 New York State Guidelines: Blood lead levels in the

<b>SCHOEN, EMMA E</b>		<b>325-504-3258-0</b>	Seq # 5650
-----------------------	--	-----------------------	------------

11/24/11 08:16 ET

**FINAL REPORT**

Page 1 of 2



Raritan, NJ 08869-1800

Phone: **800-631-5250**

Patient Name					Specimen Number		
<b>SCHOEN, EMMA E</b>					<b>325-504-3258-0</b>		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10108392774	11/21/11 01:46	11/24/11	F	1/02/06	09/15/10

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

range 5-9 ug/dL have been associated with adverse health effects in children aged 6 years and younger.

If the collected specimen type was capillary, the Centers for Disease Control and Prevention provide the following recommendation: Repeat pediatric blood levels equal to or greater than 10 ug/dL on a fresh venous blood specimen.

Detection Limit = 1  
(Children under 16 years)

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

SCHOEN, EMMA E		325-504-3258-0	Seq # 5650
----------------	--	----------------	------------

11/24/11 08:16 ET

## FINAL REPORT

Page 2 of 2

This document contains private and confidential health information protected by state and federal law.  
If you have received this document in error, please call **800-762-4522**

©2004-11 Laboratory Corporation of America ® Holdings  
All Rights Reserved  
DOC1 Ver: 1.46