



LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 319-436-9766-0		Patient ID		Control Number 10008095781	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name BERROA				Account Address M Yassin MD			
Patient First Name JAVIER		Patient Middle Name G		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 848-448-1294	Total Volume					
Age (Y/M/D) 1/00/14	Date of Birth 11/01/10	Sex M	Fasting Yes				
Patient Address 28 CARTERET AVE Seaside Heights NJ 08751				Additional Information RC:5,HS:1,TP:V,PP:I,CT:			
Date and Time Collected 11/15/11 11:21	Date Entered 11/15/11	Date and Time Reported 11/16/11 08:24ET	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
CBC/Diff Ambiguous Default					
WBC	10.0		x10E3/uL	4.8 - 11.4	01
RBC	4.47		x10E6/uL	3.96 - 4.96	01
Hemoglobin	12.3		g/dL	10.9 - 13.5	01
Hematocrit	37.2		%	32.4 - 39.1	01
MCV	83		fL	75 - 86	01
MCH	27.5		pg	25.5 - 29.9	01
MCHC	33.1		g/dL	33.0 - 36.0	01
RDW	13.2		%	12.3 - 15.1	01
Platelets	305		x10E3/uL	150 - 440	01
Neutrophils	16	Low	%	22 - 60	01
Lymphs	77	High	%	28 - 66	01
Monocytes	6		%	3 - 10	01
Eos	1		%	0 - 4	01
Basos	0		%	0 - 2	01
Neutrophils (Absolute)	1.6		x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	7.6	High	x10E3/uL	1.6 - 5.6	01
Monocytes (Absolute)	0.6		x10E3/uL	0.2 - 0.8	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.3	01
Baso (Absolute)	0.0		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

BERROA, JAVIER G	319-436-9766-0	Seq # 5635
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 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Patient Name BERROA, JAVIER G					Specimen Number 319-436-9766-0		
Account Number 29407320	Patient ID	Control Number 10008095781	Date and Time Collected 11/15/11 11:21	Date Reported 11/16/11	Sex M	Age(Y/M/D) 1/00/14	Date of Birth 11/01/10

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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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 69 First Avenue, Raritan, NJ 08869-1800	Dir: Michael Mahoney, MD
For inquiries, the physician may contact Branch: 800-762-4522 Lab: 800-631-5250			

BERROA, JAVIER G		319-436-9766-0	Seq # 5635
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 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 319-504-1322-0		Patient ID		Control Number 10108392533	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name CORMIER				Account Address M Yassin MD			
Patient First Name DANIEL		Patient Middle Name		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 609-296-1741	Total Volume					
Age (Y/M/D) 17/03/20	Date of Birth 07/26/94	Sex M	Fasting Yes				
Patient Address 108 LAKEWOOD CT Little Egg Harbo NJ 08087				Additional Information			
Date and Time Collected 11/15/11 12:22	Date Entered 11/15/11	Date and Time Reported 11/16/11 08:24ET	Physician Name YASSIN, M	NPI 1922387620	Physician ID		

Tests Ordered
 CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); EBV, Chronic/Active Infection; RPR;
 Ambig Abbrev CMP14 Default; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	6.7		x10E3/uL	4.0 - 9.1	01
RBC	5.32	High	x10E6/uL	3.91 - 5.26	01
Hemoglobin	16.4	High	g/dL	11.7 - 15.0	01
Hematocrit	46.0	High	%	34.8 - 43.5	01
MCV	87		fL	80 - 92	01
MCH	30.8		pg	27.3 - 31.7	01
MCHC	35.7		g/dL	33.0 - 36.0	01
RDW	13.3		%	12.3 - 14.5	01
Platelets	183		x10E3/uL	150 - 349	01
Neutrophils	44		%	40 - 70	01
Lymphs	42		%	20 - 47	01
Monocytes	11	High	%	3 - 10	01
Eos	3		%	0 - 4	01
Basos	0		%	0 - 2	01
Neutrophils (Absolute)	3.0		x10E3/uL	1.5 - 5.6	01
Lymphs (Absolute)	2.8		x10E3/uL	1.1 - 3.1	01
Monocytes (Absolute)	0.7		x10E3/uL	0.1 - 0.7	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		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.

Comp. Metabolic Panel (14)

Glucose, Serum	72	mg/dL	65 - 99	01
BUN	12	mg/dL	5 - 18	01
Creatinine, Serum	1.02	mg/dL	0.76 - 1.27	01

CORMIER, DANIEL	319-504-1322-0	Seq # 5636
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Phone: 800-631-5250

Patient Name					Specimen Number		
CORMIER, DANIEL					319-504-1322-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10108392533	11/15/11 12:22	11/16/11	M	17/03/20	07/26/94

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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eGFR If NonAfrican Am

Unable to calculate GFR. Age and/or sex not provided or age <18 years old.

eGFR If African Am

Unable to calculate GFR. Age and/or sex not provided or age <18 years old.

Note: A persistent eGFR <60 mL/min/1.73 m² (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m² with an elevated urine protein also may indicate chronic kidney disease.

Calculated using CKD-EPI formula.

BUN/Creatinine Ratio	12			9 - 27	
Sodium, Serum	136	mmol/L		135 - 145	01
Potassium, Serum	3.5	mmol/L		3.5 - 5.2	01
Chloride, Serum	98	mmol/L		97 - 108	01
Carbon Dioxide, Total	26	mmol/L		20 - 32	01
Calcium, Serum	9.3	mg/dL		8.9 - 10.4	01
Protein, Total, Serum	6.8	g/dL		6.0 - 8.5	01
Albumin, Serum	4.6	g/dL		3.5 - 5.5	01
Globulin, Total	2.2	g/dL		1.5 - 4.5	
A/G Ratio	2.1			1.1 - 2.5	
Bilirubin, Total	0.5	mg/dL		0.0 - 1.2	01
Alkaline Phosphatase, S	65	U/L		60 - 400	01
AST (SGOT)	26	IU/L		0 - 40	01
ALT (SGPT)	21	IU/L		0 - 55	01

EBV, Chronic/Active Infection

EBV Early Antigen Ab, IgG	Will Follow	01
EBV Ab VCA, IgG	Will Follow	01
EBV Nuclear Antigen Ab, IgG	Will Follow	01
Interpretation:		01

EBV Interpretation Chart

Interpretation	VCA-IgM	EA-IgG	VCA-IgG	NA-ABS
Susceptible	-	-	-	-
Acute Infection	+	+or-	+or-	-
Convalescent Phase	+or-	+or-	+	+
Chronic or Reactivated	-	+	+	+or-
Old Infection	-	-	+or-	+
+ Antibody Present		- Antibody Absent		

RPR	Non Reactive	Non Reactive	01
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Ambig Abbrev CMP14 Default

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 completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this

CORMIER, DANIEL		319-504-1322-0	Seq # 5636
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Patient Name					Specimen Number		
CORMIER, DANIEL					319-504-1322-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10108392533	11/15/11 12:22	11/16/11	M	17/03/20	07/26/94

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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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.

Venipuncture

Little Egg Harb, NJ 609-294-0347

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

CORMIER, DANIEL		319-504-1322-0	Seq # 5636
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69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 319-504-2533-0		Patient ID		Control Number 10008531625	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name ELY				Account Address M Yassin MD			
Patient First Name KATILYN		Patient Middle Name P		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 908-278-7662	Total Volume					
Age (Y/M/D) 3/06/13	Date of Birth 05/02/08	Sex F	Fasting No				
Patient Address 130 MT VERNON RD Bayville NJ 08721				Additional Information RC:1,HS:2,TP:V,PP:I,CT:			
Date and Time Collected 11/15/11 13:31	Date Entered 11/15/11	Date and Time Reported 11/16/11 08:24ET	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
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CBC/Diff Ambiguous Default

WBC	6.0		x10E3/uL	4.8 - 11.4	01
RBC	4.50		x10E6/uL	3.96 - 4.96	01
Hemoglobin	12.5		g/dL	10.9 - 13.5	01
Hematocrit	37.0		%	32.4 - 39.1	01
MCV	82		fL	75 - 86	01
MCH	27.8		pg	25.5 - 29.9	01
MCHC	33.8		g/dL	33.0 - 36.0	01
RDW	14.3		%	12.3 - 15.1	01
Platelets	302		x10E3/uL	150 - 440	01
Neutrophils	37		%	22 - 60	01
Lymphs	48		%	28 - 66	01
Monocytes	12	High	%	3 - 10	01
Eos	3		%	0 - 4	01
Basos	0		%	0 - 2	01
Neutrophils (Absolute)	2.2		x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	2.9		x10E3/uL	1.6 - 5.6	01
Monocytes (Absolute)	0.7		x10E3/uL	0.2 - 0.8	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.3	01
Baso (Absolute)	0.0		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 Cuidelines: Blood lead levels in the

ELY, KATILYN P	319-504-2533-0	Seq # 5637
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 Raritan, NJ 08869-1800

Phone: 800-631-5250

Patient Name ELY, KATILYN P					Specimen Number 319-504-2533-0		
Account Number 29407320	Patient ID	Control Number 10006331623	Date and Time Collected 11/15/11 13:31	Date Reported 11/16/11	Sex F	Age(V/M/D) 3/06/13	Date of Birth 03/02/06

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAD
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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 69 First Avenue, Raritan, NJ 08869-1800	Dir: Michael Mahoney, MD
For inquiries, the physician may contact Branch: 800-762-4522 Lab: 800-631-5250			

ELY, KATILYN P		319-504-2533-0	Seq # 5637
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Phone: 800-631-5250

319-436-6743-0		PATIENT ID		10008531576		29407320		609 971 0010		87	
Patient Last Name						Account Address					
RIVERA						M Yassin MD					
Patient First Name				Patient Middle Name							
CAMERON											
Patient SSN		Patient Phone		Total Volume							
		732-505-0190									
Age (Y/M/D)		Date of Birth		Sex		Fasting					
1/02/04		09/11/10		F		NO					
Patient Address						Additional Information					
5 TILTON AVE Toms River NJ 08757						RC:1,HS:1,TP:V,PP:I,CT:					
Date and Time Collected		Date Entered		Date and Time Reported		Physician Name		NPI		Physician ID	
11/15/11 10:01		11/15/11		11/16/11 08:24ET		YASSIN, M		1922387620			

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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CBC/Diff Ambiguous Default

WBC	12.5	High	x10E3/uL	4.8 - 11.4	01
RBC	4.69		x10E6/uL	3.96 - 4.96	01
Hemoglobin	12.3		g/dL	10.9 - 13.5	01
Hematocrit	36.7		%	32.4 - 39.1	01
MCV	78		fL	75 - 86	01
MCH	26.2		pg	25.5 - 29.9	01
MCHC	33.5		g/dL	33.0 - 36.0	01
RDW	14.0		%	12.3 - 15.1	01
Platelets	421		x10E3/uL	150 - 440	01
Neutrophils	31		%	22 - 60	01
Lymphs	62		%	28 - 66	01
Monocytes	5		%	3 - 10	01
Eos	2		%	0 - 4	01
Basos	0		%	0 - 2	01
Neutrophils (Absolute)	3.9		x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	7.7	High	x10E3/uL	1.6 - 5.6	01
Monocytes (Absolute)	0.7		x10E3/uL	0.2 - 0.8	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.3	01
Baso (Absolute)	0.0		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
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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

RIVERA, CAMERON	319-436-6743-0	Seq # 5638
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Patient Name					Specimen Number		
RIVERA, CAMERON					319-436-6743-0		
Account Number 29407320	Patient ID	Control Number 10008531576	Date and Time Collected 11/15/11 10:01	Date Reported 11/16/11	Sex F	Age(Y/M/D) 1/02/04	Date of Birth 09/11/10

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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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)

69 First Avenue, Raritan, NJ 08869-1800 For inquiries, the physician may contact Branch: 800-762-4522 Lab: 800-631-5250	DR: MICHAEL MAHONEY, MD
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RIVERA, CAMERON	319-436-6743-0	Seq # 5638
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Phone: 800-631-5250

Specimen Number 319-436-6766-0		Patient ID		Control Number 10008531577	Account Number 29407320	Account Phone Number 609-971-0010	Birth 87
Patient Last Name RIVERA				Account Address M Yassin MD			
Patient First Name MASON		Patient Middle Name		115 Lacey Rd Forked River NJ 08731			
Patient SSN	Patient Phone 732-505-0190	Total Volume					
Age (Y/M/D) 1/02/04	Date of Birth 09/11/10	Sex M	Fasting No				
Patient Address 5 TILTON AVE Toms River NJ 08757				Additional Information RC:1,HS:1,TP:V,PP:I,CT:			
Date and Time Collected 11/15/11 09:56	Date Received 11/15/11	Date and Time Reported 11/16/11 08:24ET	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
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CBC/Diff Ambiguous Default

WBC	13.1	High	x10E3/uL	4.8 - 11.4	01
RBC	4.47		x10E6/uL	3.96 - 4.96	01
Minor variation in size and shape.					
Hemoglobin	11.8		g/dL	10.9 - 13.5	01
Hematocrit	35.3		%	32.4 - 39.1	01
MCV	79		fL	75 - 86	01
MCH	26.4		pg	25.5 - 29.9	01
MCHC	33.4		g/dL	33.0 - 36.0	01
RDW	15.0		%	12.3 - 15.1	01
Platelets	277		x10E3/uL	150 - 440	01
Neutrophils	41		%	22 - 60	01
Lymphs	53		%	28 - 66	01
Monocytes	3		%	3 - 10	01
Eos	2		%	0 - 4	01
Basos	1		%	0 - 2	01
Neutrophils (Absolute)	5.4	High	x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	6.9	High	x10E3/uL	1.6 - 5.6	01
Monocytes (Absolute)	0.4		x10E3/uL	0.2 - 0.8	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.3	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.3	01
Hematology Comments:	Note:				

Manual differential was performed.

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				

RIVERA, MASON	319-436-6766-0	Seq # 5639
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LabCorp Raritan
69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Patient Name					Specimen Number		
RIVERA, MASON					319-436-6766-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10008531577	11/15/11 09:56	11/16/11	M	1/02/04	09/11/10

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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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 69 First Avenue, Raritan, NJ 08869-1800	Dir: Michael Mahoney, MD
For inquiries, the physician may contact Branch: 800-762-4522 Lab: 800-631-5250			

RIVERA, MASON		319-436-6766-0	Seq # 5639
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11/16/11 08:24 ET

FINAL REPORT

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