



LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 343-504-1089-0		Patient ID		Control Number 10008098222	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name KWITYN				Account Address M Yassin MD			
Patient First Name MADYSON		Patient Middle Name L		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 609-994-6426	Total Volume					
Age (Y/M/D) 1/00/04	Date of Birth 12/05/10	Sex F	Fasting No	RC:1,HS:2,TP:V,PP:I,CT:			
Patient Address 405 ALPINE STREET Forked River NJ 08731							
Date and Time Collected 12/09/11 12:30	Date Entered 12/09/11	Date and Time Reported 12/10/11 08:13ET		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	7.4		x10E3/uL	4.8 - 11.4		01
RBC	5.10	High	x10E6/uL	3.96 - 4.96		01
Hemoglobin	13.1		g/dL	10.9 - 13.5		01
Hematocrit	38.7		%	32.4 - 39.1		01
MCV	76		fL	75 - 86		01
MCH	25.7		pg	25.5 - 29.9		01
MCHC	33.9		g/dL	33.0 - 36.0		01
RDW	13.9		%	12.3 - 15.1		01
Platelets	380		x10E3/uL	150 - 440		01
Neutrophils	36		%	22 - 60		01
Lymphs	47		%	28 - 66		01
Monocytes	16	High	%	3 - 10		01
Eos	1		%	0 - 4		01
Basos	0		%	0 - 2		01
Neutrophils (Absolute)	2.6		x10E3/uL	1.2 - 5.2		01
Lymphs (Absolute)	3.5		x10E3/uL	1.6 - 5.6		01
Monocytes (Absolute)	1.2	High	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) 2 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

KWITYN, MADYSON L	343-504-1089-0	Seq # 5656
--------------------------	-----------------------	------------

12/10/11 08:13 ET

FINAL REPORT

Page 1 of 2



LabCorp Raritan
69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Patient Name					Specimen Number		
KWITYN, MADYSON L					343-504-1089-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10008098222	12/09/11 12:30	12/10/11	F	1/00/04	12/05/10

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 Branch: 800-762-4522 Lab: 800-631-5250			

KWITYN, MADYSON L		343-504-1089-0	Seq # 5656
-------------------	--	----------------	------------

12/10/11 08:13 ET

FINAL REPORT

Page 2 of 2



LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 342-504-2746-0		Patient ID		Control Number 10007817844	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name QUINN				Account Address M Yassin MD			
Patient First Name ROBERT		Patient Middle Name C		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 732-325-5906	Total Volume					
Age (Y/M/D) 21/10/23	Date of Birth 01/15/90	Sex M	Fasting No				
Patient Address 19 POMONA DR Barnegat NJ 08005				Additional Information pt to return for b/w SRC:UR			
Date and Time Collected 12/10/11 14:00	Date Entered 12/10/11	Date and Time Reported 12/10/11 00:10ET		Physician Name YASSIN, M	NPI 1922007620	Physician ID	

Chlamydia/GC Amplification

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chlamydia/GC Amplification					
Chlamydia trachomatis, NAA	Negative			Negative	01
Neisseria gonorrhoeae, NAA	Negative			Negative	01
Please note:					01

Acceptable specimens for this test are male urethral swab, endocervical swab and liquid based pap specimens, vaginal swabs in APTIMA transports and first void urine. See online Directory of Services for test number for rectal and pharyngeal specimens.

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

QUINN, ROBERT C		342-504-2746-0	Seq # 5657
------------------------	--	-----------------------	------------

12/10/11 08:13 ET

FINAL REPORT

Page 1 of 1

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