



LabCorp Raritan  
 69 First Avenue  
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number <b>335-504-1213-0</b>		Patient ID		Control Number 10008533206	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name <b>SAAD</b>				Account Address M Yassin MD			
Patient First Name <b>LEENA</b>		Patient Middle Name		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 732-684-5744	Total Volume					
Age (Y/M/D) 1/00/07	Date of Birth 11/24/10	Sex F	Fasting No				
Patient Address 758 FISHER BLVD Toms River NJ 08753				Additional Information RC:5,HS:2,TP:V,PP:I,CT:			
Date and Time Collected 12/01/11 13:43	Date Entered 12/01/11	Date and Time Reported 12/02/11 08:21ET	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	6.5		x10E3/uL	4.8 - 11.4	01
RBC	4.51		x10E6/uL	3.96 - 4.96	01
Hemoglobin	11.6		g/dL	10.9 - 13.5	01
Hematocrit	33.4		%	32.4 - 39.1	01
<b>MCV</b>	<b>74</b>	<b>Low</b>	fL	75 - 86	01
MCH	25.7		pg	25.5 - 29.9	01
MCHC	34.7		g/dL	33.0 - 36.0	01
RDW	15.1		%	12.3 - 15.1	01
Platelets	307		x10E3/uL	150 - 440	01
Neutrophils	37		%	22 - 60	01
Lymphs	45		%	28 - 66	01
<b>Monocytes</b>	<b>15</b>	<b>High</b>	%	3 - 10	01
Eos	3		%	0 - 4	01
Basos	0		%	0 - 2	01
Neutrophils (Absolute)	2.4		x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	2.9		x10E3/uL	1.6 - 5.6	01
<b>Monocytes (Absolute)</b>	<b>1.0</b>	<b>High</b>	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)** 5 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>SAAD, LEENA</b>		<b>335-504-1213-0</b>	Seq # 5651
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Patient Name					Specimen Number		
SAAD, LEENA					335-504-1213-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10008533206	12/01/11 13:43	12/02/11	F	1/00/07	11/24/10

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	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			

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