



LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 325-436-6678-0		Patient ID		Control Number 10008096333	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name MONTANEZ				Account Address M Yassin MD			
Patient First Name JAYDEN		Patient Middle Name T		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 609-312-9721	Total Volume					
Age (Y/M/D) 1/00/15	Date of Birth 11/06/10	Sex F	Fasting No	RC:5,HS:1,TP:V,PP:I,CT:			
Patient Address 1725 LAKESIDE DR SOUTH Forked River NJ 08731							
Date and Time Collected 11/21/11 09:47	Date Entered 11/21/11	Date and Time Reported 11/22/11 12:08ET	Physician Name YASSIN, M	NPI 1922387620	Physician ID		

Tests Ordered CBC/Diff Ambiguous Default; Lead, Blood (Pediatric); Venipuncture
General Comments Test(s) Neutrophils (Absolute) called to NAGWA A OFF MGR on 11/22/2011 at 10:24 EST

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	11.3		x10E3/uL	4.8 - 11.4	01
RBC	5.36	High	x10E6/uL	3.96 - 4.96	01
Burr cells present.					
Hemoglobin	13.6	High	g/dL	10.9 - 13.5	01
Hematocrit	40.8	High	%	32.4 - 39.1	01
MCV	76		fL	75 - 86	01
MCH	25.4	Low	pg	25.5 - 29.9	01
MCHC	33.3		g/dL	33.0 - 36.0	01
RDW	13.9		%	12.3 - 15.1	01
Platelets	377		x10E3/uL	150 - 440	01
Neutrophils	2	Low	%	22 - 60	01
Lymphs	88	High	%	28 - 66	01
Monocytes	7		%	3 - 10	01
Eos	2		%	0 - 4	01
Basos	1		%	0 - 2	01
Neutrophils (Absolute)	0.2	Critical	x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	10.0	High	x10E3/uL	1.6 - 5.6	01
Monocytes(Absolute)	0.8		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
Hematology Comments:	Note:				01

Verified by microscopic examination.
 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.

MONTANEZ, JAYDEN T		325-436-6678-0	Seq # 5648
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11/22/11 12:09 ET

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Phone: 800-631-5250

Patient Name					Specimen Number		
MONTANEZ, JAYDEN T					325-436-6678-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10008096333	11/21/11 09:47	11/22/11	F	1/00/15	11/06/10

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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 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			

MONTANEZ, JAYDEN T		325-436-6678-0	Seq # 5648
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11/22/11 12:09 ET

FINAL REPORT

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LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 363 303 3630		Patient ID		Control Number 1010032113	Account Number 27301320	Account Phone Number 000 311 0010	Route 01
EMMA		E		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				Additional Information			
Date and Time Collected 11/21/11 01:46	Date Entered 11/22/11	Date and Time Reported 11/22/11 12:08ET	Physician Name		NPI	Physician ID	

Tests Ordered CBC/Diff Ambiguous Default; Lead, Blood (Pediatric); Venipuncture
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
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) Will Follow

SCHOEN, EMMA E	325-504-3258-0	Seq # 5649
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Phone: 800-631-5250

Patient Name					Specimen Number		
SCHOEN, EMMA E					325-504-3258-0		
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	11/22/11	F	1/02/06	09/15/10

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Little Egg Harb,NJ609-294-0347

Venipuncture

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			

SCHOEN, EMMA E		325-504-3258-0	Seq # 5649
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PRELIMINARY REPORT

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