



LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 353-436-9843-U		Patient ID		Control Number 10050583839	Account Number 29401320	Account Phone Number 609-911-0010	Route 8 /
Patient Last Name DUNN				Account Address M Yassin MD 115 Lacey Rd Forked River NJ 08731			
Patient First Name JACK		Patient Middle Name					
Patient SS#	Patient Phone 732-330-3911	Total Volume					
Age (Y/M/D) 3/06/13	Date of Birth 06/06/08	Sex M	Fasting No				
Patient Address 19 LONDON RD Brick NJ 08723				Additional Information RC:1,HS:2,TP:V,PP:I,CT: UPIN: F04935			
Date and Time Collected 12/19/11 12:08	Date Entered 12/19/11	Date and Time Reported 12/20/11 08:22ET		Physician Name YASSIN, M	NPI 1205935509	Physician ID	

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	7.5		x10E3/uL	4.8 - 11.4	01
RBC	4.27		x10E6/uL	3.96 - 4.96	01
Hemoglobin	12.2		g/dL	10.9 - 13.5	01
Hematocrit	36.3		%	32.4 - 39.1	01
MCV	85		fL	75 - 86	01
MCH	28.6		pg	25.5 - 29.9	01
MCHC	33.6		g/dL	33.0 - 36.0	01
RDW	14.0		%	12.3 - 15.1	01
Platelets	274		x10E3/uL	150 - 440	01
Neutrophils	20	Low	%	22 - 60	01
Lymphs	57		%	28 - 66	01
Monocytes	12	High	%	3 - 10	01
Eos	10	High	%	0 - 4	01
Basos	1		%	0 - 2	01
Neutrophils (Absolute)	1.5		x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	4.4		x10E3/uL	1.6 - 5.6	01
Monocytes (Absolute)	0.9	High	x10E3/uL	0.2 - 0.8	01
Eos (Absolute)	0.7	High	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) 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

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Patient Name					Specimen Number		
DUNN, JACK					353-436-9843-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10050583839	12/19/11 12:08	12/20/11	M	3/06/13	06/06/08

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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