LabCorp

Laboratory Corporation of America

LabCorp Raritan 69 First Avenue Raritan, NJ 08869–1800

Phone: 800-631-5250 Patient ID Control Number Account Number Account Phone Number Route 348-436-4633-0 10008098589 29407320 609-971-0010 87 Patient Last Name Account Address **PETROVICH** M Yassin MD Patient First Name Patient Middle Name SARA 115 Lacey Rd Patient SS# Patient Phone Total Volume 609-276-7950 Forked River NJ 08731 Age (Y/M/D) 17/09/25 Date of Birth Fasting 02/19/94 F No Patient Address Additional Information 1329 LAKESIDE DR. S. Forked River NJ 08731 SRC:UC Physician Name Date and Time Collected Date Entered Date and Time Reported Physician ID 12/14/11 09:01 12/14/11 L2/17/11 08:14ET YASSIN 1922387620

Tests Ordered
Urinalysis, Routine; Urine Culture, Routine; Sensitivity Organism #1; Presumptive ID

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB		
Urinalysis, Routine							
Urinalysis Gross Exam					01		
Specific Gravity	1.021			1.005 - 1.030	01		
рн	6.0			5.0 - 7.5	01		
Urine-Color	Yellow			Yellow	01		
Appearance	Clear			Clear	01		
WBC Esterase	2+	Abnormal		Negative	01		
Protein	2+	Abnormal		Negative/Trace			
Glucose	Negative			Negative	01		
Ketones	Negative			Negative	01		
Occult Blood	3+	Abnormal		Negative	01		
Bilirubin	Negative			Negative	01		
Urobilinogen,Semi-Qn	0.2		EU/dL	0.0 - 1.9	01		
Nitrite, Urine	Positive	Abnormal		Negative	01		
Microscopic Examination	See below:				01		
WBC		Abnormal	/hpf	0 – 5	01		
Clumps of leukocytes	-						
RBC		Abnormal	/hpf	0 - 3	01		
Epithelial Cells (non ren	al) 0-10		/hpf	0 - 10	01		
Mucus Threads	Present			Not Estab.	01		
Bacteria	Moderate	Abnormal		None seen/Few	01		
Urine Culture, Routine							
Urine Culture, Routine	Final	Report			01		
Result 1		-					
Escherichia coli					01		
Greater than 100,000 colony forming units per mL							
Antimicrobial Susceptibil					01		
***** S = Suscepti	ble; I = Int	ermediate;	R = Resist	ant ****			
	= Positive;						
MICS are	expressed in	microgram	s per mL				
Antibiotic	RSL	-		#3 RSLT#4			
Amoxicillin/Clavulani	ic Acid S						
Ampicillin	R						
Cefazolin	S						
Cefepime	S						
_							

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SARA

PETROVICH,

FINAL REPORT

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Laboratory Corporation of	America	Raritan, NJ 08869-1800			Phone: 800–631–5250		
		Patient Name			Specimen Number		
PETROVICH,	SARA	348-4			348-436-4	<u>1</u> 633−0	
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10008098589	12/14/11 09:01	12/17/11	F	17/09/25	02/19/94
	TESTS	RESULT	FLAG	UNITS	REFE	RENCE INTE	RVAL LAB

***** S = Susceptible; I = Intermediate; R = Resistant *****

P = Positive; N = Negative

MICS are expressed in micrograms per mL

Antibiotic	RSLT#1	RSLT#2	RSLT#3	RSLT#4
Ceftriaxone	S			
Cefuroxime	S			
Cephalothin	S			
Ciprofloxacin	S			
ESBL	N			
Ertapenem	S			
Gentamicin	S			
Imipenem	S			
Levofloxacin	S			
Nitrofurantoin	S			
Piperacillin	R			
Tetracycline	R			
Tobramycin	S			
Trimothoprim/Sulfa	R			

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

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