

SOUTHERN OCEAN OTOLARYNGOLOGY, P.A.

COMPREHENSIVE ADULT & PEDIATRIC EAR, NOSE, THROAT & SINUS CARE

77 NAUTILUS DRIVE, MANAHAWKIN NJ 08050

730 LACEY ROAD, FORKED RIVER NJ 08731

PHONE: 609-597-0321

FAX: 609-597-0014

LYNN BEZPALKO, D.O.

OREST BEZPALKO, D.O.

OTOLARYNGOLOGY

FACIAL PLASTIC SURGERY

FAX COVER SHEET

DATE: 12/9/11

CC: _____

TO: Dr. YassinFAX: 609-242-1906

PHONE: _____

RE: Nicholas Perrone

NUMBER OF PAGES INCLUDING COVER: _____

For your records* Labs *FROM: JG**CONFIDENTIALITY STATEMENT**

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12/06/2011 8:12:11 AM FROM: LABCORP LCLS BULK TO: 6095970014 LABCORP
TO: Southern Ocean Otolaryngology

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LabCorp

Laboratory Corporation of America

LabCorp Raritan
69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 336-504-1018-0		Patient ID		Control Number 10008097462	Account Number 29413740	Account Phone Number 609-597-0321	Route 87
Patient Last Name PERRONE				Account Address Southern Ocean Otolaryngology			
Patient First Name NICHOLAS		Patient Middle Name		77 Nautilus Dr Manahawkin NJ 08050			
Patient SS#	Patient Phone 732-814-7154	Total Volume					
Age (Y/M/D) 7/09/14	Date of Birth 02/18/04	Sex M	Fasting Yes	Additional Information UPIN: F13972			
Patient Address 1964 SWEETWOOD DR Forked River NJ 08731							
Date and Time Collected 12/02/11 12:08	Date Entered 12/02/11	Date and Time Reported 12/06/11 08:11ET	Physician Name BEZPALKO, O	NPI 1649347295	Physician ID		

Tests Ordered

CBC/Diff Ambiguous Default; von Willebrand Factor Screen; PT and PTT; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
CBC/Diff Ambiguous Default						
WBC	13.0	High	x10E3/uL	4.8 - 11.4		01
RBC	5.29	High	x10E6/uL	3.96 - 4.96		01
Hemoglobin	13.6	High	g/dL	10.9 - 13.5		01
Hematocrit	39.3	High	%	32.4 - 39.1		01
MCV	74	Low	fL	75 - 86		01
MCH	25.7		pg	25.5 - 29.9		01
MCHC	34.6		g/dL	33.0 - 36.0		01
RDW	13.8		%	12.3 - 15.1		01
Platelets	172		x10E3/uL	150 - 440		01
Neutrophils	79	High	%	22 - 60		01
Lymphs	12	Low	%	28 - 66		01
Monocytes	9		%	3 - 10		01
Eos	0		%	0 - 4		01
Basos	0		%	0 - 2		01
Neutrophils (Absolute)	10.3	High	x10E3/uL	1.2 - 5.2		01
Lymphs (Absolute)	1.5	Low	x10E3/uL	1.6 - 5.6		01
Monocytes (Absolute)	1.1	High	x10E3/uL	0.2 - 0.8		01
Eos (Absolute)	0.0		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.

von Willebrand Factor Screen

APTT 29.2 sec 02
This test has not been validated for monitoring unfractionated heparin therapy. aPTT-based therapeutic ranges for unfractionated heparin therapy have not been

PERRONE, NICHOLAS	336-504-1018-0	Seq # 2362
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12/06/11 08:12 ET

FINAL REPORT

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12/14/11

12/06/2011 8:12:11 AM FROM: LABCORP LCLS BULK TO: 6095970014 LABCORP
TO: Southern Ocean Otolaryngology

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LabCorp

Laboratory Corporation of America

LabCorp Raritan
69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Patient Name					Specimen Number		
PERRONE, NICHOLAS					336-504-1018-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29413740		10008097462	12/02/11 12:08	12/06/11	M	7/09/14	02/18/04

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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established. Consider ordering Heparin anti-Xa (unfractionated).

Reference Range:

<18y: Not established

18 - 60y: 23.7 - 37.7

Factor VIII Activity

155

High

%

02

Reference Range:

<18y: Use published ranges

18 - 60y: 50 - 150

von Willebrand Factor Activity

187

High

%

02

Reference Range:

50 - 150

von Willebrand Factor Antigen

201

High

%

02

Due to the day to day variation of von Willebrand factor in any individual, repeat studies may be required to obtain a definitive diagnosis.

Reference Range:

50 - 150

PT and PTT

INR

1.1

0.8 - 1.2

01

Reference interval is for non-anticoagulated patients.

Suggested INR therapeutic range for Vitamin K antagonist therapy:

Standard Dose (moderate intensity therapeutic range):

2.0 - 3.0

Higher intensity therapeutic range

2.5 - 3.5

Prothrombin Time

11.7

sec

9.1 - 12.0

01

Please note reference interval change

aPTT

28

sec

24 - 33

01

This test has not been validated for monitoring unfractionated heparin therapy. aPTT-based therapeutic ranges for unfractionated heparin therapy have not been established. For general guidelines on Heparin monitoring, refer to the LabCorp Directory of Services.

01	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869-1800	Dir: Michael Mahoney, MD
02	UY	Esoterix Coagulation Lab 8490 Upland Drive Ste 100, Englewood, CO 80112-7116	Dir: Dorothy Adcock, MD
For inquiries, the physician may contact Branch: 800-762-4522 Lab: 800-631-5250			

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