

LabCorp

Laboratory Corporation of America

LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 348-436-7300-0		Patient ID		Control Number 10108393927	Account Number 29407320	Account Trace Number 609-971-0010	Route 87
Patient Last Name CORMIER				Account Address M Yassin MD			
Patient First Name DANIEL		Patient Middle Name		115 Lacey Rd Forked River NJ 08731			
Defiant CCS		Defiant Phone 609-296-1741					
Age (Y/M/D) 17/04/18		Date of Birth 07/26/94					
Sex M		Fasting Yes					
Patient Address 108 LAKEWOOD CT Little Egg Harbo NJ 08087				Additional Information			
Date and Time Collected 12/14/11 10:22		Date Entered 12/14/11		Date and Time Reported 12/15/11 08:23ET		Physician Name YASSTN, M	
				NPI 1922387620		Physician ID	

Tests Ordered
 Panel 083824; HCV Antibody; Lyme IgG/IgM Ab; Venipuncture

TEST	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAD
Panel 083824					
HIV 1/0/2 Abs-ICMA					01
HIV 1/0/2 Abs-Index Value	<1.00			<1.00	01
Index Value: Specimen reactivity relative to the negative cutoff.					
HIV 1/0/2 Abs, Qual	Non Reactive			Non Reactive	01
HCV Antibody					
Hep C Virus Ab	<0.1		s/co ratio	0.0 - 0.9	01
			Negative:	< 0.8	
			Indeterminate	0.8 - 0.9	
			Positive:	> 0.9	

In order to reduce the incidence of a false positive result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed with additional RIBA or PCR testing.

Lyme IgG/IgM Ab Will Follow

Venipuncture

Little Egg Harb, NJ 609-294-0347

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

CORMIER, DANIEL		348-436-7300-0	Seq # 5659
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12/15/11 08:23 ET

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Page 1 of 1

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Phone: 800-631-5250

Specimen Number 348-436-9742-0		Patient ID		Control Number 10007818241	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name IARIA III				Account Address M Yassin MD 115 Lacey Rd Forked River NJ 08731			
Patient First Name ANTHONY		Patient Middle Name J					
Patient SS#	Patient Phone 609-660-0304	Total Volume					
Age (Y/M/D) 17/08/06	Date of Birth 04/08/94	Sex M	Fasting Yes	Additional Information			
Patient Address 741 W. BAY AVE Barnegat NJ 08005							
Date and Time Collected 12/14/11 12:03	Date Entered 12/14/11	Date and Time Reported 12/15/11 08:23ET	Physician Name YASSIN, M	NPI 1922387620	Physician ID		

Tests Ordered
 CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); EBV Acute Infection Antibodies; TSH;
 Lyme IgG/IgM Ab; Ambig Abbrev CMP14 Default; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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CBC/Diff Ambiguous Default

WBC	5.5		x10E3/uL	4.0 - 9.1	01
RBC	5.62	High	x10E6/uL	3.91 - 5.26	01
Hemoglobin	16.8	High	g/dL	11.7 - 15.0	01
Hematocrit	48.7	High	%	34.8 - 43.5	01
MCV	87		fL	80 - 92	01
MCH	29.9		pg	27.3 - 31.7	01
MCHC	34.5		g/dL	33.0 - 36.0	01
RDW	13.3		%	12.3 - 14.5	01
Platelets	212		x10E3/uL	150 - 349	01
Neutrophils	52		%	40 - 70	01
Lymphs	35		%	20 - 47	01
Monocytes	8		%	3 - 10	01
Eos	4		%	0 - 4	01
Basos	1		%	0 - 2	01
Neutrophils (Absolute)	2.8		x10E3/uL	1.5 - 5.6	01
Lymphs (Absolute)	1.9		x10E3/uL	1.1 - 3.1	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.7	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	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.

Comp. Metabolic Panel (14)

Glucose, Serum	88	mg/dL	65 - 99	01
BUN	14	mg/dL	5 - 18	01
Creatinine, Serum	1.02	mg/dL	0.76 - 1.27	01

IARIA III, ANTHONY J		348-436-9742-0	Seq # 5660
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12/15/11 08:23 ET

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Page 1 of 3

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Patient Name					Specimen Number		
IARIA III, ANTHONY J					348-436-9742-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10007818241	12/14/11 12:03	12/15/11	M	17/08/06	04/08/94

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
eGFR If NonAfricn Am	Unable to calculate GFR. Age and/or sex not provided or age <18 years old.				
eGFR If Africn Am	Unable to calculate GFR. Age and/or sex not provided or age <18 years old.				
	Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease.				
	Calculated using CKD-EPI formula.				
BUN/Creatinine Ratio	14			9 - 27	
Sodium, Serum	140		mmol/L	135 - 145	01
	Effective December 19, 2011 Sodium, Serum reference				
	interval will be changing to: 134 - 144 mmol/L				
Potassium, Serum	4.7		mmol/L	3.5 - 5.2	01
Chloride, Serum	101		mmol/L	97 - 108	01
Carbon Dioxide, Total	27		mmol/L	20 - 32	01
Calcium, Serum	10.1		mg/dL	8.9 - 10.4	01
Protein, Total, Serum	7.3		g/dL	6.0 - 8.5	01
Albumin, Serum	4.9		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.1 - 2.5	
Bilirubin, Total	0.7		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	62		IU/L	60 - 400	01
AST (SGOT)	22		IU/L	0 - 40	01
ALT (SGPT)	27		IU/L	0 - 55	01

EBV Acute Infection Antibodies

EBV Ab VCA, IgM	Will Follow	01
EBV Early Antigen Ab, IgG	Will Follow	01
EBV Ab VCA, IgG	Will Follow	01
EBV Nuclear Antigen Ab, IgG	Will Follow	01
Interpretation:		01

EBV Interpretation Chart

Interpretation	VCA-IgM	EA-IgG	VCA-IgG	NA-ABS
Susceptible	-	-	-	-
Acute Infection	+	+or-	+or-	-
Convalescent Phase	+or-	+or-	+	+
Chronic or Reactivated	-	+	+	+or-
Old Infection	-	-	+or-	+
+ Antibody Present	- Antibody Absent			

TSH	2.600	uIU/mL	0.450 - 4.500	01
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IARIA III, ANTHONY J	348-436-9742-0	Seq # 5660
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Page 2 of 3

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Patient Name					Specimen Number		
IARIA III, ANTHONY J					348-436-9742-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10007818241	12/14/11 12:03	12/15/11	M	17/08/06	04/08/94

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Lyme IgG/IgM Ab	Will Follow				

Ambig Abbrev CMP14 Default

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 completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 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.

Venipuncture

Manahawkin, NJ

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			

IARIA III, ANTHONY J		348-436-9742-0	Seq # 5660
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Page 3 of 3

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Phone: 800-631-5250

Specimen Number 348-436-4633-0		Patient ID		Control Number 10008098589	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name PETROVICH				Account Address M Yassin MD 115 Lacey Rd Forked River NJ 08731			
Patient First Name SARA		Patient Middle Name					
Patient SS#	Patient Phone 609-276-7950	Total Volume					
Age (Y/M/D) 17/09/25	Date of Birth 02/19/94	Sex F	Fasting No	Additional Information SRC:UC			
Patient Address 1329 LAKESIDE DR. S. Forked River NJ 08731							
Date and Time Collected 12/14/11 09:01	Date Entered 12/14/11	Date and Time Reported 12/15/11 08:23ET	Physician Name YASSIN, M	NPI 1922387620	Physician ID		

Tests Ordered
 Urinalysis, Routine; Urine Culture, Routine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis, Routine					
Urinalysis Gross Exam					01
Specific Gravity	1.021			1.005 - 1.030	01
pH	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	01
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	>30	Abnormal	/hpf	0 - 5	01
Clumps of leukocytes present.					
RBC	>30	Abnormal	/hpf	0 - 3	01
Epithelial Cells (non renal)	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 Will Follow 01

Forked River, NJ 609-693-2502

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**

PETROVICH, SARA **348-436-4633-0** Seq # 5661



LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 348-436-6496-0		Patient ID		Control Number 10008098604	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name RAUCH				Account Address M Yassin MD			
Patient First Name JACKSON		Patient Middle Name		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 609-693-7878	Total Volume					
Age (Y/M/D) 1/00/12	Date of Birth 12/02/10	Sex F	Fasting No				
Patient Address 68 JOHNSON ST Waretown NJ 08758				Additional Information RC:1, HS:2, TP:V, PP:I, CT:			
Date and Time Collected 12/14/11 09:57	Date Entered 12/14/11	Date and Time Reported 12/15/11 08:23ET	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
CBC/Diff Ambiguous Default					
WBC	11.7	High	x10E3/uL	4.8 - 11.4	01
RBC	4.49		x10E6/uL	3.96 - 4.96	01
Hemoglobin	11.9		g/dL	10.9 - 13.5	01
Hematocrit	36.4		%	32.4 - 39.1	01
MCV	81		fL	75 - 86	01
MCH	26.5		pg	25.5 - 29.9	01
MCHC	32.7	Low	g/dL	33.0 - 36.0	01
RDW	14.9		%	12.3 - 15.1	01
Platelets	428		x10E3/uL	150 - 440	01
Neutrophils	18	Low	%	22 - 60	01
Lymphs	64		%	28 - 66	01
Monocytes	12	High	%	3 - 10	01
Eos	6	High	%	0 - 4	01
Basos	0		%	0 - 2	01
Neutrophils (Absolute)	2.1		x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	7.4	High	x10E3/uL	1.6 - 5.6	01
Monocytes (Absolute)	1.5	High	x10E3/uL	0.2 - 0.8	01
Eos (Absolute)	0.7	High	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

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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

RAUCH, JACKSON		348-436-6496-0	Seq # 5662
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12/15/11 08:23 ET

FINAL REPORT

Page 1 of 2



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Phone: 800-631-5250

Patient Name					Specimen Number		
RAUCH, JACKSON					348-436-6496-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10008098604	12/14/11 09:57	12/15/11	F	1/00/12	12/02/10

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 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			

RAUCH, JACKSON		348-436-6496-0	Seq # 5662
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Page 2 of 2

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Phone: 800-631-5250

Specimen Number 347-436-6968-0		Patient ID		Control Number 10008098491	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name STANCH				Account Address M Yassin MD			
Patient First Name JAMES		Patient Middle Name M		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 609-597-7432	Total Volume					
Age (Y/M/D) 18/06/21	Date of Birth 05/22/93	Sex M	Fasting Yes	Additional Information			
Patient Address 108 MIZZEN AVE Manahawkin NJ 08050							
Date and Time Collected 12/13/11 10:09	Date Entered 12/13/11	Date and Time Reported 12/15/11 08:23ET	Physician Name YASSIN, M	NPI 1922387620	Physician ID		

Tests Ordered
 CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Hepatic Function Panel (7); Panel 083824; TSH; Lyme IgG/IgM Ab; Ambig Abbrev CMP14 Default; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	5.5		x10E3/uL	4.0 - 10.5	01
RBC	5.22		x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.9		g/dL	12.5 - 17.0	01
Hematocrit	45.9		%	36.0 - 50.0	01
MCV	88		fL	80 - 98	01
MCH	30.5		pg	27.0 - 34.0	01
MCHC	34.6		g/dL	32.0 - 36.0	01
RDW	12.4		%	11.7 - 15.0	01
Platelets	207		x10E3/uL	140 - 415	01
Neutrophils	46		%	40 - 74	01
Lymphs	41		%	14 - 46	01
Monocytes	9		%	4 - 13	01
Eos	3		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	2.6		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.3		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	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.

Comp. Metabolic Panel (14)

Glucose, Serum	86	mg/dL	65 - 99	01
BUN	9	mg/dL	6 - 20	01
Creatinine, Serum	0.92	mg/dL	0.76 - 1.27	01

STANCH, JAMES M	347-436-6968-0	Seq # 5663
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Patient Name					Specimen Number		
STANCH, JAMES M					347-436-6968-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10008098491	12/13/11 10:09	12/15/11	M	18/06/21	05/22/93

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
eGFR If NonAfrican Am	121		mL/min/1.73	>59	
eGFR If African Am	140		mL/min/1.73	>59	
Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula.					
BUN/Creatinine Ratio	10			8 - 19	
Sodium, Serum	141		mmol/L	135 - 145	01
**Effective December 19, 2011 Sodium, Serum reference interval will be changing to: 134 - 144 mmol/L					
Potassium, Serum	4.4		mmol/L	3.5 - 5.2	01
Chloride, Serum	102		mmol/L	97 - 108	01
Carbon Dioxide, Total	24		mmol/L	20 - 32	01
Calcium, Serum	9.4		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.6		g/dL	6.0 - 8.5	01
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	2.3		g/dL	1.5 - 4.5	
A/G Ratio	1.9			1.1 - 2.5	
Bilirubin, Total	1.5	High	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	67		IU/L	60 - 400	01
AST (SGOT)	20		IU/L	0 - 40	01
ALT (SGPT)	20		IU/L	0 - 55	01

Hepatic Function Panel (7)

Bilirubin, Direct	0.33		mg/dL	0.00 - 0.40	01
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Panel 083824

HIV 1/0/2 Abs-ICMA					01
HIV 1/0/2 Abs-Index Value	<1.00			<1.00	01
Index Value: Specimen reactivity relative to the negative cutoff.					
HIV 1/0/2 Abs, Qual	Non Reactive			Non Reactive	01

TSH	2.130		uIU/mL	0.450 - 4.500	01
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Lyme IgG/IgM Ab	<0.91		index	0.00 - 0.90	01
			Negative	<0.91	
			Equivocal	0.91 - 1.09	
			Positive	>1.09	

Note: The CDC currently advises that Western blot testing be performed following all equivocal or positive EIA results. Final diagnosis should include appropriate clinical findings and a positive EIA which is also positive by Western blot.

Ambig Abbrev CMP14 Default

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 completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this

STANCH, JAMES M		347-436-6968-0	Seq # 5663
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Page 2 of 3

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Patient Name					Specimen Number		
STANCH, JAMES M					347-436-6968-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10008098491	12/13/11 10:09	12/15/11	M	18/06/21	05/22/93

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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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.

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			

STANCH, JAMES M		347-436-6968-0	Seq # 5663
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