



LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

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			
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				
Patient Address 108 MIZZEN AVE Manahawkin NJ 08050				Additional Information			
Date and Time Collected 12/13/11 10:09	Date Entered 12/13/11	Date and Time Reported 12/14/11 08:18ET	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
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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 # 5658
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PRELIMINARY REPORT

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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	12/14/11	M	18/06/21	05/22/93

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
eGFR If NonAfricn Am	121		mL/min/1.73	>59	
eGFR If Africn 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

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

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.

STANCH, JAMES M	347-436-6968-0	Seq # 5658
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TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
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Venipuncture

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			

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