



LabCorp Raritan
 69 First Avenue
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 315-504-2844-0		Patient ID		Control Number 10008095443	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name KETCHAM				Account Address M Yassin MD			
Patient First Name KELLY		Patient Middle Name		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 732-600-4362	Total Volume					
Age (Y/M/D) 19/08/19	Date of Birth 02/23/92	Sex F	Fasting No				
Patient Address 298 BUTLER BLVD Bayville NJ 08721				Additional Information			
Date and Time Collected 11/11/11 12:37	Date Entered 11/11/11	Date and Time Reported 11/12/11 08:15ET	Physician Name YASSIN, M	NPI 1922387620	Physician ID		

Tests Ordered
 CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Panel 083824; HCV Antibody; Ambig
 Abbrev CMP14 Default; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	6.5		x10E3/uL	4.0 - 10.5	01
RBC	4.64		x10E6/uL	3.80 - 5.10	01
Hemoglobin	13.6		g/dL	11.5 - 15.0	01
Hematocrit	40.4		%	34.0 - 44.0	01
MCV	87		fL	80 - 98	01
MCH	29.3		pg	27.0 - 34.0	01
MCHC	33.7		g/dL	32.0 - 36.0	01
RDW	12.8		%	11.7 - 15.0	01
Platelets	267		x10E3/uL	140 - 415	01
Neutrophils	54		%	40 - 74	01
Lymphs	37		%	14 - 46	01
Monocytes	6		%	4 - 13	01
Eos	2		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	3.5		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.4		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		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	85	mg/dL	65 - 99	01
BUN	11	mg/dL	6 - 20	01
Creatinine, Serum	0.89	mg/dL	0.57 - 1.00	01

KETCHAM, KELLY		315-504-2844-0	Seq # 5634
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Account Number 29407320	Patient ID	Control Number 10008095443	Date and Time Collected 11/11/11 12:37	Date Reported 11/12/11	Sex F	Age(Y/M/D) 19/08/19	Date of Birth 02/23/92

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
eGFR If NonAfricn Am	94		mL/min/1.73	>59	
eGFR If Africn Am	109		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	12			8 - 20	
Sodium, Serum	140		mmol/L	135 - 145	01
Potassium, Serum	3.9		mmol/L	3.5 - 5.2	01
Chloride, Serum	103		mmol/L	97 - 108	01
Carbon Dioxide, Total	23		mmol/L	20 - 32	01
Calcium, Serum	9.6		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.7		g/dL	6.0 - 8.5	01
Albumin, Serum	4.8		g/dL	3.5 - 5.5	01
Globulin, Total	2.9		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	54		IU/L	45 - 300	01
AST (SGOT)	9		IU/L	0 - 40	01
ALT (SGPT)	13		IU/L	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

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.

Ambig Abbrev CMP14 Default

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.

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KETCHAM, KELLY		315-504-2844-0	Seq # 5634
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29407320		10008095443	11/11/11 12:37	11/12/11	F	19/08/19	02/23/92

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			

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