



LabCorp Raritan  
 69 First Avenue  
 Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number <b>319-436-6766-0</b>		Patient ID		Control Number 10008531577	Account Number 29407320	Account Phone Number 609-971-0010	Route 87
Patient Last Name <b>RIVERA</b>				Account Address M Yassin MD			
Patient First Name <b>MASON</b>		Patient Middle Name		115 Lacey Rd Forked River NJ 08731			
Patient SS#	Patient Phone 732-505-0190	Total Volume					
Age (Y/M/D) 1/02/04	Date of Birth 09/11/10	Sex M	Fasting No				
Patient Address 5 TILTON AVE Toms River NJ 08757				Additional Information RC:1,HS:1,TP:V,PP:I,CT:			
Date and Time Collected 11/15/11 09:56	Date Entered 11/15/11	Date and Time Reported 11/16/11 08:24ET	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
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**CBC/Diff Ambiguous Default**

WBC	13.1	High	x10E3/uL	4.8 - 11.4	01
RBC	4.47		x10E6/uL	3.96 - 4.96	01
Minor variation in size and shape.					
Hemoglobin	11.8		g/dL	10.9 - 13.5	01
Hematocrit	35.3		%	32.4 - 39.1	01
MCV	79		fL	75 - 86	01
MCH	26.4		pg	25.5 - 29.9	01
MCHC	33.4		g/dL	33.0 - 36.0	01
RDW	15.0		%	12.3 - 15.1	01
Platelets	277		x10E3/uL	150 - 440	01
Neutrophils	41		%	22 - 60	01
Lymphs	53		%	28 - 66	01
Monocytes	3		%	3 - 10	01
Eos	2		%	0 - 4	01
Basos	1		%	0 - 2	01
Neutrophils (Absolute)	5.4	High	x10E3/uL	1.2 - 5.2	01
Lymphs (Absolute)	6.9	High	x10E3/uL	1.6 - 5.6	01
Monocytes (Absolute)	0.4		x10E3/uL	0.2 - 0.8	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.3	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.3	01
Hematology Comments:	Note:				01

Manual differential was performed.

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.

**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

<b>RIVERA, MASON</b>		<b>319-436-6766-0</b>	Seq # 5639
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11/23/11 15:19 ET

**DUPLICATE FINAL REPORT**

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M Yassin MD



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Patient Name						Specimen Number		
RIVERA, MASON						319-436-6766-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth	
29407320		10008531577	11/15/11 09:56	11/16/11	M	1/02/04	09/11/10	

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	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			