LabCorp

Laboratory Corporation of America

LabCorp Raritan 69 First Avenue Raritan, NJ 08869–1800

Laboratory Corporation of Am	tion of America Raritan, NJ 08				J 08869-1800		Phon	e: 800-631-5	250
Specimen Number Patient ID 319-504-1322-0				Control Number 10108392533	Account Number 29407320		Phone Number 971-0010	Route 87	
Patient Last Name CORMIER			M Yassin	Account Add	dress				
Patient First Name Patient Middle Name DANIEL				_					
Patient SS#	(Patient Pho 609–296–		Total Volume	115 Lacey Rd Forked River NJ 08731				
Age (Y/M/D) 17/03/20		of Birth 26/94	Sex M	Fasting Yes	- Folked Rivel No 00/31				
Patient Address 108 LAKEWOOD CT Little Egg Harbo NJ 08087				Additional Info	ormation				
Date and Time Collec 11/15/11 12:		Date Entered 11/15/11		nd Time Reported /11 08:24ET	Physician Name YASSIN , M	NPI 192238	7620	Physician	ID

Tests Ordered

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); EBV, Chronic/Active Infection; RPR;

Ambig Abbrev CMP14 Default; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	6.7		x10E3/uL	4.0 - 9.1	01
RBC	5.32	High	x10E6/uL	3.91 - 5.26	01
Hemoglobin	16.4	High	g/dL	11.7 - 15.0	01
Hematocrit	46.0	High	96	34.8 - 43.5	01
MCV	87		${ t fL}$	80 - 92	01
MCH	30.8		pg	27.3 - 31.7	01
MCHC	35.7		g/dL	33.0 - 36.0	01
RDW	13.3		98	12.3 - 14.5	01
Platelets	183		x10E3/uL	150 - 349	01
Neutrophils	44		96	40 - 70	01
Lymphs	42		96	20 - 47	01
Monocytes	11	High	96	3 - 10	01
Eos	3		96	0 - 4	01
Basos	0		96	0 - 2	01
Neutrophils (Absolute)	3.0		x10E3/uL	1.5 - 5.6	01
Lymphs (Absolute)	2.8		x10E3/uL	1.1 - 3.1	01
Monocytes(Absolute)	0.7		x10E3/uL	0.1 - 0.7	01
Eos (Absolute)	0.2		x10E3/uL	0.0 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.3	01
Immature Granulocytes	0		8	0 - 2	01
Tmmature Grans (Abs)	0.0		x10E3/uT	0.0 - 0.1	0.1

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	72	mg/dL	65 - 99	01
BUN	12	mg/dL	5 - 18	01
Creatinine, Serum	1.02	mg/dL	0.76 - 1.27	01

CORMIER, DANIEL	319-504-1322-0	Seq # 5640

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Laboratory Corporation	of America		Ĵ 08869-1800		Phone: 800–631–5250		
Patient Name					Specimen N	ımber	
CORMIER,	DANIEL					319-504-1	322-0
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10108392533	11/15/11 12:22	11/17/11	М	17/03/20	07/26/94
	TESTS	RESULT	FLAG	UNITS	REFE	RENCE INTE	RVAL 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.

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BUN/Creatinine Ratio	12			9 - 27	
Sodium, Serum	136		${ t mmol/L}$	135 - 145	01
Potassium, Serum	3.5		${ t mmol/L}$	3.5 - 5.2	01
Chloride, Serum	98		${ t mmol/L}$	97 - 108	01
Carbon Dioxide, Total	26		${ t mmol/L}$	20 - 32	01
Calcium, Serum	9.3		mg/dL	8.9 - 10.4	01
Protein, Total, Serum	6.8		g/dL	6.0 - 8.5	01
Albumin, Serum	4.6		g/dL	3.5 - 5.5	01
Globulin, Total	2.2		g/dL	1.5 - 4.5	
A/G Ratio	2.1			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	65		IU/L	60 - 400	01
AST (SGOT)	26		IU/L	0 - 40	01
ALT (SGPT)	21		IU/L	0 - 55	01
EBV, Chronic/Active Infection					
EBV Early Antigen Ab, IgG	<0.2		AI	0.0 - 0.8	01
1 3 , 3			Negative	<0.9	
			Equivocal	0.9 - 1.0	
			Positive	>1.0	
EBV Ab VCA, IgG	>8.0	High	AI	0.0 - 0.8	01
			Negative	<0.9	
			Equivocal	0.9 - 1.0	
			Positive	>1.0	
EBV Nuclear Antigen Ab, IgG	>8.0	High	AI	0.0 - 0.8	01
			Negative		
			Equivocal	0.9 - 1.0	
			Positive	>1.0	
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-	+

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Phone: **800–631–5250**

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Patient Name					Specimen Nu	ımber	
CORMIER, I	DANIEL					319-504-1	.322-0
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
29407320		10108392533	11/15/11 12:22	11/17/11	М	17/03/20	07/26/94

TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB

+ Antibody Present - Antibody Absent

RPR Non Reactive Non Reactive 01

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.

Ol 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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