LabCorporation of America

Comprehensive Thyroglobulin

LabCorp Dublin 6370 Wilcox Road Dublin, OH 43016–1269

Laboratory Corporation of America				Duoiii, Oi	11 43010 1209		1 HOHC. 000 202 1	300		
Specimen Number 354-127-9548-0			Patient ID		Control Number	Account Number 9000045	Account Phone Number 336-436-8645	Route 00		
SAMPLE REP	ORT		Last Na	me		Account Address LabCorp Test Master				
Patient First Name Patient Middle N					iddle Name	Test Account				
Patient SS# Pa		tient Ph	one	Total Volume	3060 South Church Street					
Age (Y/M/D)		Date of Birth	1	Sex N	Fasting	Burlington NC 27215				
Patient Address						NORMAL	Additional Info	ormation		
Date and Time Collected Date Entered 12/19/16 00:00 12/19/16		Date an	nd Time Reported	Physician Name	NPI	Physician	ID			
	Tests Ordered									

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB				
	KESULI	FLIAG	ONIIS	REFERENCE INTERVAL	цАБ				
Comprehensive Thyroglobulin									
Anti-Thyroglobulin Antibodi	es								
	<1.0		IU/mL		01				
Reference Range:									
<1.0 Negative									
> or = 1.0 Positive									
Thyroglobulin (ICMA)	15.0		ng/mL		01				
Reference Range:									
>17y: 1.4 - 29.2									
According to the Nation	nal Academy	of Clinic	al Biochem	istry,					
the reference interval	the reference interval for Thyroglobulin (TG) should be								
related to euthyroid patients and not for patients who									
underwent thyroidectomy. TG reference intervals for these									
patients depend on the residual mass of the thyroid tissue									
left after surgery. Es			-						
9 1	-	,							
is recommended. The as	ssay quanti	itation lim		ng/mL.					
Thyroglobulin (TG-RIA)			ng/mL		01				
Not applicable									

01 ES Esoterix Endocrinology Dir: Samuel Pepkowitz, MD 4301 Lost Hills Road, Calabasas Hills, CA 91301-5358
For inquiries, the physician may contact Branch: 800-222-7566 Lab: 800-282-7300

SAMPLE REPORT, 500540

354-127-9548-0

Seq # 0000

Phone: 900-292-7300

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LabCorp Dublin 6370 Wilcox Road Dublin, OH 43016–1269

Laboratory Corporation of America Dublin					Dublin, OI	H 43016-1269		Phone: 800-282-7300		
Specimen Number 354-127-9549-0			Patient ID			Control Number	Account Number 9000045	Account Phone Number 336-436-8645	Route 00	
Patient Last Name SAMPLE REPORT						Account Address LabCorp Test Master				
Patient First Name Patient Middle I 500540				Patient M	iddle Name	Test Account				
Patient SS# Patient			tient Phon	e	Total Volume	3060 South Church Street				
Age (Y/M/D)	Γ	ate of Birth		Sex N	Fasting	- Burlington NC 27215				
		Patient A	Address			ABNORMAL	Additional Info	rmation		
Date and Time Collect 12/19/16 00:		Date Ent 12/19		Date at	nd Time Reported	Physician Name	NPI	Physician	ID	

Tests Ordered
Comprehensive Thyroglobulin

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comprehensive Thyroglobulin					
Anti-Thyroglobulin Antibodies	3				
	2.0	High	IU/mL		01
Reference Range:					
<1.0 Negative					
> or = 1.0 Positive					
Thyroglobulin (ICMA)			ng/mL		01
Not applicable					
Thyroglobulin (TG-RIA)	150	High	ng/mL		01
Reference Range:			_		
Pubertal Children					
and Adults: <40					
According to the Nationa	Biochemis	try,			
the reference interval f	should be	_			

According to the National Academy of Clinical Biochemistry, the reference interval for Thyroglobulin (TG) should be related to euthyroid patients and not for patients who underwent thyroidectomy. TG reference intervals for these patients depend on the residual mass of the thyroid tissue left after surgery. Establishing a post-operative baseline is recommended. The assay quantitation limit is 2.0 ng/mL.

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