LabCorp

Laboratory Corporation of American

## Phone:

Specimen Numl	per	Patient ID		Control Number	Account Number	Account Phone Number	Route	
Patient Last Name				Account Address				
Patient First Name Patient Middle Name			liddle Name					
Patient SS# Patient Phone		none	Total Volume					
Age (Y/M/D)	Date of Birth	Sex	Fasting	-				
	Patient Addres	S			Additional Info	ormation		
Date and Time Collect	ted Date Entered	Date a	nd Time Reported	Physician Name	NPI	Physician	ı ID	

Tests Ordered
Anabolic Steroid Screen; Chain-of-Custody Protocol;

General Comments

Reason for testing: Collectors Name: Collectors Phone #: MRO Name from CCF:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Anabolic Steroid Screen					450
Bolasterone					01
NONE DETECTED					
Boldenone					01
NONE DETECTED					
4-Chlorotestosterone					01
NONE DETECTED					6.1
Danazol NONE DETECTED					01
Drostanolone					01
NONE DETECTED					UΤ
Fluoxymesterone					01
NONE DETECTED					01
Mesterolone					01
NONE DETECTED					
Methandienone					01
NONE DETECTED					
Methandriol					01
NONE DETECTED					
Methenolone					01
NONE DETECTED					0.1
Methyltestosterone NONE DETECTED					01
Nandrolone					01
NONE DETECTED					0 =
Norethandrolone					01
NONE DETECTED					
Oxandrolone					01
NONE DETECTED					
Oxymesterone					01
NONE DETECTED					



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Patient Name					Specimen Number			
Account Number Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of	of Birth	
TESTS	RESULT	FLAG	UNITS	REFE	RENCE INTER	RVAL	LAB	
Oxymetholone							01	
NONE DETECTED Stanozolol NONE DETECTED							01	
Trenbolone NONE DETECTED							01	
Probenecid NONE DETECTED							01	
Clenbuterol NONE DETECTED							01	
Specific Gravity	NORMAL						01	
T/E Ratio Interpreta			200				01	
Testosterone	9.6		ng/ml				01	
Epitestosterone	15.9		ng/ml				01	
	0.6 ABOLIC STEROIDS IS DRMAL RESULTS ARE (			ANY			01	
	E/EPITESTOSTERONE F HE CALCULATED RESUI		RTED AS					