DOB:

# **Patient Report**

labcorp

Patient ID: Age: Specimen ID: Sex:

Ordering Physician:

## Ordered Items: Aldosterone/Renin Ratio; Cortisol; Drawing Fee

Date Collected:	Date Received:	Date Reported:	Fasting:

# **Aldosterone/Renin Ratio**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Aldosterone A, 01	17.2		ng/dL	0.0-30.0
Renin Activity, Plasma <sup>A,01</sup>	0.953		ng/mL/hr	0.167-5.380
Aldos/Renin Ratio	18.0			0.0-30.0
t <u>v</u>		Units:	ng/dL per ng/mL/hr	

<sup>\*</sup> Previous Reference Interval: (Renin Activity, Plasma: 0.167-5.380)

## **Cortisol**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Cortisol <sup>01</sup>	15.7		ug/dL	
		Cortisol AM	6.2 - 19.4	
		Cortisol PM	2.3 - 11.9	

#### **Disclaimer**

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

### **Icon Legend**

Out of Reference Range Critical or Alert

### **Comments**

A: This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

## **Performing Labs**

Physician Details **Patient Details** 

**Request A Test** 7027 Mill Road Suite 201, BRECKSVILLE, OH, Phone:

Date of Birth: 44141

Age: Sex: Phone: 888-732-2348

Patient ID: Physician ID:

Alternate Patient ID: NPI: Rte:

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

Date Collected: Date Received: Date Entered: Date Reported:

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