DOB:

## **Patient Report**

\_ . . \_ \_ . . .

Patient ID:

Age:

Ordering Physician:



Specimen ID: Sex:

Date Collected:	Date Received:	Date Reported:		Fasting: Not Given
General Comments & Ac	dditional Information			
Clinical Info: Clinical Info: Clinical Info: Clinical Info: \$03 LM Y Reason for testing: Collectors Name: Collectors Phone #: MRO Name from CCF:				
Chain-of-Custody Proto	col			
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Chain-of-Custody Protocol 01	Performed			
2nd Sample Handling				
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
2nd Sample Handling <sup>01</sup>				
	Split specimen bottle ha	as been received.		
Anabolic Steroid Screen	)			
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Bolasterone 02				
	NONE DETECTED			
Boldenone 02				
	NONE DETECTED			
4-Chlorotestosterone 02				
	NONE DETECTED			
Danazol <sup>02</sup>				

labcorp

Date Issued

Final Report Page 1 of 4

DOB:

Age:

Sex:

**Patient Report** 

Ordering Physician:

labcorp

Patient ID: Specimen ID:

# **Anabolic Steroid Screen (Cont.)** Drostanolone 02 NONE DETECTED Fluoxymesterone 02 NONE DETECTED Mesterolone 02 NONE DETECTED Methandienone 02 NONE DETECTED Methandriol 02 NONE DETECTED Methenolone 02 NONE DETECTED Methyltestosterone 02 NONE DETECTED

NONE DETECTED

NONE DETECTED

NONE DETECTED

Date Issued

Final Report Page 2 of 4

Nandrolone 02

Norethandrolone 02

Oxandrolone 02

labcorp

**Patient Report** 

Patient ID:

Age: Sex:

Ordering Physician:



### Anaholic Steroid Screen (Cont.)

Specimen ID:

Oxymesterone 02			
	NONE DETECTED		
Oxymetholone 02			
	NONE DETECTED		
Stanozolol 02			
	NONE DETECTED		
Trenbolone 02			
	NONE DETECTED		
Probenecid <sup>02</sup>			
	NONE DETECTED		
Clenbuterol 02			
- Constitution			
	NONE DETECTED		
	NONE DETECTED		
Specific Gravity 02	NORMAL		
T/E Ratio Interpretation 02			
	ELEVATED		
	ELEVATED TESTOSTERONE/EPITESTOSTERONE RATIO WAS CONFIRMED AT >4:1 BY HPLCMSMS.		
Testosterone 02	15.7	ng/ml	
Epitestosterone 02		ng/ml	
T/E Ratio 02	15.7		
	ANALYSIS FOR ANABOLIC ST	EROIDS IS PERFORMED BY GC/MS. ANY	
		ULTS ARE CONFIRMED BY GC/MS OR	
	HPLC/MS/MS.		

labcorp

Date Issued

Final Report Page 3 of 4

**Patient Report** 

Patient ID: Ordering Physician: Age: Specimen ID:

DOB:

Sex:



#### Anabolic Steroid Screen (Cont.)

THE TESTOSTERONE/EPITESTOSTERONE RATIO IS REPORTED AS ELEVATED WHEN THE CALCULATED RESULT IS > 4.0.

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

#### **Disclaimer**

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

**Performing Labs** 

**Patient Details** 

Phone: Date of Birth: Age:

Sex: Patient ID:

Alternate Patient ID:

Physician Details

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Phone: 888-732-2348 Account Number: 34050285

Physician ID:

NPI:

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

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

Rte:

labcorp Date Issued Final Report Page 4 of 4