DOB:

Patient Report

Age: Sex:

Ordering Physician:



Ordered Items: CBC With Differential/Platelet; Iron and TIBC; Ferritin; Reticulocyte Count; Drawing Fee

Date Collected: Date Received: Date Reported: Fasting:	Date Collected:		Date Reported:	Fasting:
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CBC With Differential/Platelet

Patient ID:

Specimen ID:

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
WBC 01	4.1		x10E3/uL	3.4-10.8
RBC 01	4.39		x10E6/uL	4.14-5.80
Hemoglobin 01	11.9		g/dL	13.0-17.7
Hematocrit 01	37.4		%	37.5-51.0
MCV ⁰¹	85		fL	79-97
MCH 01	27.1		pg	26.6-33.0
MCHC ⁰¹	31.8		g/dL	31.5-35.7
RDW 01	13.3		%	11.6-15.4
Platelets 01	271		x10E3/uL	150-450
Neutrophils 01	46		%	Not Estab.
Lymphs 01	42		%	Not Estab.
Monocytes 01	8		%	Not Estab.
Eos ⁰¹	3		%	Not Estab.
Basos ⁰¹	1		%	Not Estab.
Neutrophils (Absolute) 01	1.9		x10E3/uL	1.4-7.0
Lymphs (Absolute) 01	1.7		x10E3/uL	0.7-3.1
Monocytes(Absolute) 01	0.3		x10E3/uL	0.1-0.9
Eos (Absolute) 01	0.1		x10E3/uL	0.0-0.4
Baso (Absolute) 01	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes 01	0		%	Not Estab.
Immature Grans (Abs) 01	0.0		x10E3/uL	0.0-0.1

Iron and TIBC

	Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
	Iron Bind.Cap.(TIBC)	387		ug/dL	250-450
	UIBC 01	244		ug/dL	111-343
	Iron ⁰¹	143		ug/dL	38-169
_	Iron Saturation	37		%	15-55

Ferritin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Ferritin ⁰¹	129		ng/mL	30-400

Reticulocyte Count

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Reticulocyte Count ⁰¹	1.3		%	0.6-2.6

labcorp

Final Report Page 1 of 2

Patient Report

Ordering Physician:

Patient ID: Age: Ordo Specimen ID: Sex:

DOB:



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

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** Physician ID: NPI: Specimen Details Specimen ID: Control ID:

Alternate Control Number:

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

Rte: