

Ordered Items: **Comp. Metabolic Panel (14); Uric Acid; Sedimentation Rate-Westergren; C-Reactive Protein, Quant; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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General Comments

Comp. Metabolic Panel (14)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Glucose <sup>01</sup>	97		mg/dL	65-99
BUN <sup>01</sup>	13		mg/dL	6-24
Creatinine <sup>01</sup>	0.84		mg/dL	0.76-1.27
eGFR	106		mL/min/1.73	>59
BUN/Creatinine Ratio	15			9-20
Sodium <sup>01</sup>	138		mmol/L	134-144
Potassium <sup>01</sup>	3.9		mmol/L	3.5-5.2
Chloride <sup>01</sup>	101		mmol/L	96-106
Carbon Dioxide, Total <sup>01</sup>	23		mmol/L	20-29
Calcium <sup>01</sup>	9.3		mg/dL	8.7-10.2
Protein, Total <sup>01</sup>	7.2		g/dL	6.0-8.5
Albumin <sup>01</sup>	4.3		g/dL	3.8-4.9
Globulin, Total	2.9		g/dL	1.5-4.5
A/G Ratio	1.5			1.2-2.2
Bilirubin, Total <sup>01</sup>	0.6		mg/dL	0.0-1.2
Alkaline Phosphatase <sup>01</sup>	67		IU/L	44-121
AST (SGOT) <sup>01</sup>	29		IU/L	0-40
ALT (SGPT) <sup>01</sup>	28		IU/L	0-44

Uric Acid

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Uric Acid <sup>01</sup>	5.0		mg/dL	3.8-8.4
Therapeutic target for gout patients: <6.0				

Sedimentation Rate-Westergren

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Sedimentation Rate-Westergren <sup>01</sup>	10		mm/hr	0-30

C-Reactive Protein, Quant

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
C-Reactive Protein, Quant <sup>01</sup>	2		mg/L	0-10

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

Patient Report

Ordering Physician:



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**  
**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: