

DOB:

## Patient Report



Patient ID:

Age:

Specimen ID:

Sex:

Ordering Physician:

Ordered Items: CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Complete; Lipid Panel; Venipuncture

Date Collected:

Date Received:

Date Reported:

Fasting: Yes

## CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
WBC <sup>01</sup>	5.2		x10E3/uL	3.4-10.8
RBC <sup>01</sup>	5.04		x10E6/uL	4.14-5.80
Hemoglobin <sup>01</sup>	15.9		g/dL	13.0-17.7
Hematocrit <sup>01</sup>	44.9		%	37.5-51.0
MCV <sup>01</sup>	89		fL	79-97
MCH <sup>01</sup>	31.5		pg	26.6-33.0
MCHC <sup>01</sup>	35.4		g/dL	31.5-35.7
RDW <sup>01</sup>	12.3		%	11.6-15.4
Platelets <sup>01</sup>	278		x10E3/uL	150-450
Neutrophils <sup>01</sup>	57		%	Not Estab.
Lymphs <sup>01</sup>	34		%	Not Estab.
Monocytes <sup>01</sup>	6		%	Not Estab.
Eos <sup>01</sup>	2		%	Not Estab.
Basos <sup>01</sup>	1		%	Not Estab.
Neutrophils (Absolute) <sup>01</sup>	2.9		x10E3/uL	1.4-7.0
Lymphs (Absolute) <sup>01</sup>	1.7		x10E3/uL	0.7-3.1
Monocytes(Absolute) <sup>01</sup>	0.3		x10E3/uL	0.1-0.9
Eos (Absolute) <sup>01</sup>	0.1		x10E3/uL	0.0-0.4
Baso (Absolute) <sup>01</sup>	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes <sup>01</sup>	0		%	Not Estab.
Immature Grans (Abs) <sup>01</sup>	0.0		x10E3/uL	0.0-0.1

## Comp. Metabolic Panel (14)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Glucose <sup>01</sup>	95		mg/dL	65-99
BUN <sup>01</sup>	16		mg/dL	6-20
Creatinine <sup>01</sup>	0.81		mg/dL	0.76-1.27
eGFR If NonAfricn Am	124		mL/min/1.73	>59
eGFR If Africn Am	144		mL/min/1.73	>59

\*\*Labcorp currently reports eGFR in compliance with the current\*\*  
 recommendations of the National Kidney Foundation. Labcorp will

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**Comp. Metabolic Panel (14) (Cont.)**

update reporting as new guidelines are published from the NKF-ASN Task force.

BUN/Creatinine Ratio	20		9-20
Sodium <sup>01</sup>	140	mmol/L	134-144
Potassium <sup>01</sup>	4.2	mmol/L	3.5-5.2
Chloride <sup>01</sup>	101	mmol/L	96-106
Carbon Dioxide, Total <sup>01</sup>	25	mmol/L	20-29
Calcium <sup>01</sup>	9.5	mg/dL	8.7-10.2
Protein, Total <sup>01</sup>	7.8	g/dL	6.0-8.5
Albumin <sup>01</sup>	4.8	g/dL	4.1-5.2
Globulin, Total	3.0	g/dL	1.5-4.5
A/G Ratio	1.6		1.2-2.2
Bilirubin, Total <sup>01</sup>	0.7	mg/dL	0.0-1.2
Alkaline Phosphatase <sup>01</sup>	88	IU/L	48-121
AST (SGOT) <sup>01</sup>	19	IU/L	0-40
ALT (SGPT) <sup>01</sup>	15	IU/L	0-44

**Urinalysis, Complete**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Urinalysis Gross Exam <sup>01</sup>				
Specific Gravity <sup>01</sup>	1.027			1.005-1.030
pH <sup>01</sup>	7.0			5.0-7.5
Urine-Color <sup>01</sup>	Yellow			Yellow
Appearance <sup>01</sup>	Clear			Clear
WBC Esterase <sup>01</sup>	Negative			Negative
Protein <sup>01</sup>	Negative			Negative/Trace
Glucose <sup>01</sup>	Negative			Negative
Ketones <sup>01</sup>	Negative			Negative
Occult Blood <sup>01</sup>	Negative			Negative
Bilirubin <sup>01</sup>	Negative			Negative
Urobilinogen,Semi-Qn <sup>01</sup>	0.2		mg/dL	0.2-1.0
Nitrite, Urine <sup>01</sup>	Negative			Negative
Microscopic Examination <sup>01</sup>				

Microscopic follows if indicated.

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## Urinalysis, Complete (Cont.)

Microscopic Examination<sup>01</sup>

See below:

Microscopic was indicated and was performed.

WBC <sup>01</sup>	None seen	/hpf	0 - 5
RBC <sup>01</sup>	None seen	/hpf	0 - 2
Epithelial Cells (non renal) <sup>01</sup>	None seen	/hpf	0 - 10
Casts <sup>01</sup>	None seen	/lpf	None seen
Bacteria <sup>01</sup>	None seen		None seen/Few

## Lipid Panel

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Cholesterol, Total <sup>01</sup>	159		mg/dL	100-199
Triglycerides <sup>01</sup>	50		mg/dL	0-149
HDL Cholesterol <sup>01</sup>	71		mg/dL	>39
VLDL Cholesterol Cal	11		mg/dL	5-40
LDL Chol Calc (NIH)	77		mg/dL	0-99

### 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

▲ 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**  
Account Number:  
Physician ID:  
NPI:

#### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte: