Patient Report

Ordering Physician:

labcorp

DOB: Age:

Patient ID: Age:
Specimen ID: Sex:

Ordered Items: CBC With Differential/Platelet; 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 01 | 4.8 | | x10E3/uL | 3.4-10.8 |
| RBC 01 | 4.43 | | x10E6/uL | 3.77-5.28 |
| Hemoglobin ⁰¹ | 12.8 | | g/dL | 11.1-15.9 |
| Hematocrit ⁰¹ | 37.1 | | % | 34.0-46.6 |
| MCV ⁰¹ | 84 | | fL | 79-97 |
| MCH 01 | 28.9 | | pg | 26.6-33.0 |
| MCHC 01 | 34.5 | | g/dL | 31.5-35.7 |
| RDW ⁰¹ | 14.1 | | % | 11.7-15.4 |
| Platelets 01 | 344 | | x10E3/uL | 150-450 |
| Neutrophils 01 | 35 | | % | Not Estab. |
| Lymphs 01 | 56 | | % | Not Estab. |
| Monocytes 01 | 7 | | % | Not Estab. |
| Eos 01 | 2 | | % | Not Estab. |
| Basos ⁰¹ | 0 | | % | Not Estab. |
| Neutrophils (Absolute) 01 | 1.7 | | x10E3/uL | 1.4-7.0 |
| Lymphs (Absolute) 01 | 2.7 | | 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 |

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

Performing Labs

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DOB: Patient Report

Patient ID: Age: Ordering Physician: Specimen ID: Sex:

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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:

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