LabCorp

Patient Report

Specimen ID:
Control ID:

Phone: **Rte:**

Patient Details
DOB:
Age(y/m/d):
Gender:
Patient ID:

Specimen Details
Date collected:
Date received:
Date entered:
Date reported:

Physician Details
Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Alternate Control Number:
Total Volume:

Alternate Patient ID:
Fasting:

Ordered Items

CBC With Differential/Platelet; CEA; AFP, Serum, Tumor Marker; CA 19-9; Prostate-Specific Ag, Serum; Creatine Kinase,Total; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	9.2		x10E3/uL	3.4-10.8	01
RBC	4.82		x10E6/uL	4.14-5.80	01
Hemoglobin	14.6		g/dL	13.0-17.7	01
Hematocrit	43.9		%	37.5-51.0	01
MCV	91		fL	79-97	01
MCH	30.3		pg	26.6-33.0	01
MCHC	33.3		g/dL	31.5-35.7	01
RDW	13.1		%	11.6-15.4	01
Platelets	200		x10E3/uL	150-450	01
Neutrophils	71		%	Not Estab.	01
Lymphs	18		%	Not Estab.	01
Monocytes	11		%	Not Estab.	01
Eos	0		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	6.5		x10E3/uL	1.4-7.0	01
Lymphs (Absolute)	1.7		x10E3/uL	0.7-3.1	01
Monocytes(Absolute)	0.5		x10E3/uL	0.1-0.9	01
Eos (Absolute)	0.0		x10E3/uL	0.0-0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	01
CEA	2.3		ng/mL	0.0-4.7	01
			Nonsmokers	<3.9	
			Smokers	<5.6	

Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA)
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or

FINAL REPORT

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DOB:
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB

absence of malignant disease.

AFP, Serum, Tumor Marker 4.4 ng/mL 0.0-8.3 01

Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA)
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This test is not interpretable in pregnant females.

CA 19-9 <2 U/mL 0-35 01

Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA)
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Prostate-Specific Ag, Serum

Prostate Specific Ag, Serum 1.5 ng/mL 0.0-4.0 01

Roche ECLIA methodology.
According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.