**Patient Report** DOB:

Ordering Physician:

Patient ID: Age:

Specimen ID: Sex:

Fasting: Date Collected: Date Received: Date Reported:

Ordered Items: Cortisol, Serum LCMS, Endo Sci; Drawing Fee

Date Collected:

## Cortisol, Serum LCMS, Endo Sci

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Cortisol, Serum LCMS 01	7.1		ug/dL	
	•	its performance characteristics s not been cleared or approved tration.		

## 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** 

For Inquiries, the physician may contact Branch: Lab:

**Patient Details** Physician Details Specimen Details Specimen ID:

Request A Test, LTD. Control ID: 7027 Mill Road Suite 201, BRECKSVILLE, OH, Alternate Control Number:

Phone: 44141 Date Collected: Date of Birth:

Date Received: Age: Date Entered: Phone: Sex: Date Reported: Physician ID: Patient ID:

NPI: Alternate Patient ID: