DOB:

Patient Report

Ordering Physician:

labcorp

Patient ID: Age: Specimen ID: Sex:

Ordered Items: Salivary Cortisol X3

Date Received:	Date Reported:	Fasting:
	Date Received:	Date Received: Date Reported:

General Comments & Additional Information

Clinical Info: Total Volume

Salivary Cortisol X3, Timed

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval	
#1 Salivary Cortisol **1	0.011		ug/dL		
	This test was developed and its performance characteristics				
	determined by LabCorp. It has not been cleared or approved				
	by the Food and Drug Administration.				
	Draw date/time: 04/10/22 - 2	3:00			
	Reference Range:				
	Children and Adults:	ren and Adults:			
	8:00a.m.: 0.025 - 0.600				
	Noon: <0.010 - 0.330				
	4:00p.m.: 0.010 - 0.200				
	Midnight: <0.010 - 0.090				
#2 Salivary Cortisol 01	0.017		ug/dL		
	Draw date/time: 04/11/22 - 2	3:00			
#3 Salivary Cortisol 01	0.014		ug/dL		
	Draw date/time: 04/12/22 - 2	3:00	350		

 Idbcorp
 Date Created and Stored
 Final Report