

Patient Information	Specimen Information	Client Information	
	Specimen:		
	Requisition:		
DOB: AGE:	Lab Ref #:		
A STATE OF THE STA	Edo Rei II.		
Gender:	Collected:		
Phone:	Received:		
Patient ID:	Reported:		
Health ID:	r.		
Test Name CORTISOL, LC/MS/MS,	In Range Out Of Range	Reference Range	Lab EZ
SALIVA, SAMPLE 1	02/02/2017		
DRAW DATE 1 DRAW TIME 1	02/02/2017 10:16PM		
CORTISOL, SALIVA SAMPLE 1	0.03	mcg/dL	
CORTIDOR, BARITA BARITA I	0.03	meg/ di	
8-10 AM: 0.04-0.56 m	cg/dL		
noon-2 PM: < OR = 0.21 m			
4-6 PM: < OR = 0.15 m			
10 PM-1 AM: $<$ OR = 0.09 m	cg/dL		D.C.
CORTISOL, LC/MS/MS, SALIVA, SAMPLE 2			EZ
DRAW DATE 2	02/08/2017		
DRAW TIME 2	1:36 AM		
CORTISOL, SALIVA SAMPLE 2	0.09	mcg/dL	
8-10 AM: 0.04-0.56 m noon-2 PM: < OR = 0.21 m 4-6 PM: < OR = 0.15 m 10 PM-1 AM: < OR = 0.09 m	cg/dL cg/dL		
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.			
CORTISOL, LC/MS/MS,			EZ
SALIVA, SAMPLE 3			
DRAW DATE 3	02/08/2017		
DRAW TIME 3	1:43 AM	/ 2-	
CORTISOL, SALIVA SAMPLE 3	0.06	mcg/dL	
8-10 AM: 0.04-0.56 m	ca/dī.		
noon-2 PM: < OR = 0.21 m			
4-6 PM: < OR = 0.15 m			
10 PM-1 AM: $<$ OR = 0.09 m	cg/dL		
CORTISOL, LC/MS/MS,			EZ
SALIVA, SAMPLE 4	02/08/2017		
DRAW DATE 4 DRAW TIME 4	02/08/2017 NOT GIVEN		
CORTISOL, SALIVA SAMPLE 4	0.20	mcg/dL	
		J	
8-10 AM: 0.04-0.56 m			
noon-2 PM: < OR = 0.21 m			
4-6 PM: < OR = 0.15 m			
10 PM-1 AM: < OR = 0.09 m	cg/dr		
PERFORMING SITE:	N IIIAN CAPISTRANO CA 92675-2042 Laboratory Director: Id	ON NAVAMOTO MD DHD, CLIA- 05D0642252	

QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: JON NAKAMOTO, MD PHD, CLIA: 05D0643352