DOB:

# **Patient Report**

Ordering Physician:



Patient ID: Age: Specimen ID: Sex:

Ordered Items: Salivary Cortisol, MS

Date Collected: Date Received: Date Reported: Fasting:

# Salivary Cortisol, MS

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Salivary Cortisol, MS <sup>01</sup>	0.034		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.			
	Reference Range:			
	Children 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			

#### 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**

**Patient Details** Physician Details Specimen Details

Specimen ID: Control ID:

Alternate Control Number: Phone: Phone:

Date Collected: Date of Birth: Date Received: Age: Date Entered: Sex: Date Reported: Patient ID:

Rte: Alternate Patient ID: Physician ID: NPI:

labcorp **Date Created and Stored** Final Report Page 1 of 1