

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Salivary Cortisol X2, Timed**

Date Collected:	Date Received:	Date Reported:	Fasting:
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Salivary Cortisol X2, Timed

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
#1 Salivary Cortisol ⁰¹	0.017 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: 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		ug/dL	
#2 Salivary Cortisol ⁰¹	0.456 Draw date/time:		ug/dL	

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

▲ Out of Reference Range ■ Critical or Alert

Performing Labs

Patient Details

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Request A Test, LTD.
7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141
Phone:
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: