

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician:



### Ordered Items: **Salivary Cortisol X4, Timed**

Date Collected:	Date Received:	Date Reported:	Fasting: <b>Not Given</b>
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### Salivary Cortisol X4, Timed

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
#1 Salivary Cortisol <sup>01</sup>	0.041 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: 06/30/22 - 00:00 midnight 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 <sup>01</sup>	0.544 Draw date/time: 06/30/22 - 08:00		ug/dL	
#3 Salivary Cortisol <sup>01</sup>	0.270 Draw date/time: 06/30/22 - 12:00 noon		ug/dL	
#4 Salivary Cortisol <sup>01</sup>	0.328 Draw date/time: 06/30/22 - 16:00		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: