

**Specimen ID:**  
**Control ID:**
**Phone:**
**Rte:**

**Patient Details**
**DOB:**  
**Age(y/m/d):**  
**Gender:**  
**Patient ID:**
**Specimen Details**
**Date collected:**  
**Date received:**  
**Date entered:**  
**Date reported:**
**Physician Details**
**Ordering:**  
**Referring:**  
**ID:**  
**NPI:**
**General Comments & Additional Information**
**Alternate Control Number:**  
**Total Volume:**
**Alternate Patient ID:**  
**Fasting:**
**Ordered Items**

Salivary Cortisol X2, Timed

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Salivary Cortisol X2, Timed</b>					
#1 Salivary Cortisol	0.471		ug/dL		01
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: 11/05/20 - 08:00 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					
#2 Salivary Cortisol	0.069		ug/dL		01
Draw date/time: 11/05/20 - 23:00					