

**Patient Report** 

Specimen ID: Control ID: Acct #:

Phone:

Rte:

## լիլլիուհիրերիգիլիանգվոյեմինիկերնե

**Patient Details** 

DOB:

Age(y/m/d): Gender: Patient ID:

SSN:

Specimen Details

Date collected: Date received: Date entered: Date reported: **Physician Details** 

Ordering: Referring: ID: NPI:

General Comments & Additional Information

Clinical Info:

Total Urine Volume: 1200ml

Fasting:

Ordered Items Nickel, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB	
Nickel, Urine							
Nickel, Urine A	5.0		ug/L Detect	Not E tion Limit		01	
Nickel, Urine (24hr)	6.0		ug/24 h	r 0.0	- 7.0		
Creatinine(Crt),U	1.45			0.30 tion Limit		01	
Nickel/Creat. Ratio	3.4	ug/g creat 0.0 - 9.9 Environmental Exposure:					
					< 10		
		Occupational Exposure:					
					30		
		(Tentative Maximum					
		Permissible Concentration)					

## Comments:

A This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.