Patient ID:
Specimen ID

DOB: Age:

Sex:

Patient Report

Ordering Physician:



Ordered Items: CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Complete; Lipid Panel; Thyroid Panel With TSH; Hgb A1c with eAG Estimation; Vitamin D, 25-Hydroxy; C-Reactive Protein, Cardiac; Sedimentation Rate-Westergren; Magnesium, RBC; Drawing Fee

Date Collected: Date Received: Date Reported: Fasting: **No**

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
WBC 01	5.7		x10E3/uL	3.4-10.8
RBC 01	4.59		x10E6/uL	4.14-5.80
Hemoglobin ⁰¹	14.7		g/dL	13.0-17.7
Hematocrit ⁰¹	42.8		%	37.5-51.0
MCV ⁰¹	93		fL	79-97
MCH 01	32.0		pg	26.6-33.0
MCHC 01	34.3		g/dL	31.5-35.7
RDW ⁰¹	12.7		%	11.6-15.4
Platelets 01	215		x10E3/uL	150-450
Neutrophils 01	62		%	Not Estab.
Lymphs ⁰¹	28		%	Not Estab.
Monocytes 01	7		%	Not Estab.
Eos ⁰¹	2		%	Not Estab.
Basos 01	0		%	Not Estab.
Neutrophils (Absolute) 01	3.6		x10E3/uL	1.4-7.0
Lymphs (Absolute) 01	1.6		x10E3/uL	0.7-3.1
Monocytes(Absolute) 01	0.4		x10E3/uL	0.1-0.9
Eos (Absolute) 01	0.1		x10E3/uL	0.0-0.4
Baso (Absolute) 01	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes 01	1		%	Not Estab.
Immature Grans (Abs) 01	0.0		x10E3/uL	0.0-0.1

Comp. Metabolic Panel (14)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interva
Glucose 01	96		mg/dL	65-99
BUN ⁰¹	12		mg/dL	6-24
Creatinine 01	1.14		mg/dL	0.76-1.27
eGFR If NonAfricn Am	79		mL/min/1.73	>59
eGFR If Africn Am 92 **Labcorp currently reports eGFR in compliance with the current** recommendations of the National Kidney Foundation. Labcorp will update reporting as new guidelines are published from the NKF-ASN Task force.				>59
BUN/Creatinine Ratio	11			9-20
Sodium ⁰¹	139		mmol/L	134-144
Potassium 01	4.4		mmol/L	3.5-5.2
Chloride 01	104		mmol/L	96-106
Carbon Dioxide, Total 01	21		mmol/L	20-29

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Patient ID: Specimen ID: DOB:

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Age:

Ordering	Physician:	
Ordering	Physician:	

Comp. Metabolic Panel (14) (Cont.)

Calcium 01	9.4	mg/dL	8.7-10.2
Protein, Total ⁰¹	7.4	g/dL	6.0-8.5
Albumin 01	4.5	g/dL	4.0-5.0
Globulin, Total	2.9	g/dL	1.5-4.5
A/G Ratio	1.6		1.2-2.2
Bilirubin, Total ⁰¹	1.0	mg/dL	0.0-1.2
Alkaline Phosphatase 01	100	IU/L	44-121
		Please note reference interval change	
AST (SGOT) 01	14	IU/L	0-40
ALT (SGPT) 01	16	IU/L	0-44

Urinalysis, Complete

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Urinalysis Gross Exam 01				
Specific Gravity 01	1.007			1.005-1.030
pH ⁰¹	6.0			5.0-7.5
Urine-Color ⁰¹	Yellow			Yellow
Appearance 01	Clear			Clear
WBC Esterase 01	Negative			Negative
Protein 01	Negative			Negative/Trace
Glucose ⁰¹	Negative			Negative
Ketones 01	Negative			Negative
Occult Blood 01	Negative			Negative
Bilirubin ⁰¹	Negative			Negative
Urobilinogen,Semi-Qn ⁰¹	0.2		mg/dL	0.2-1.0
Nitrite, Urine 01	Negative			Negative
Microscopic Examination 01				
	Microscopic follows if indic	cated.		
Microscopic Examination 01	See below:			
	Microscopic was indicated ar	nd was performed.		
WBC 01	None seen		/hpf	0 - 5
RBC 01	None seen		/hpf	0 - 2
Epithelial Cells (non renal) 01	None seen		/hpf	0 - 10
Casts 01	None seen		/lpf	None seen
Bacteria ⁰¹	None seen			None seen/Few

Lipid Panel

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Cholesterol, Total ⁰¹	118		mg/dL	100-199
Triglycerides 01	131		mg/dL	0-149
HDL Cholesterol 01	47		mg/dL	>39
VLDL Cholesterol Cal	23		mg/dL	5-40
LDL Chol Calc (NIH)	48		mg/dL	0-99

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Patient ID: Specimen ID: DOB: Age:

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Thyroid Panel With TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
TSH ⁰¹	2.240		uIU/mL	0.450-4.500
Thyroxine (T4) 01	7.5		ug/dL	4.5-12.0
T3 Uptake ⁰¹	27		%	24-39
Free Thyroxine Index	2.0			1.2-4.9

Hgb A1c with eAG Estimation

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hemoglobin A1c 01	5.0		%	4.8-5.6
Please Note: 01				
	Prediabetes: 5.7 -	6.4		
	Diabetes: >6.4			
	Glycemic control fo	or adults with diabetes: <7.0		
Estim. Avg Glu (eAG)	97		mg/dL	

Vitamin D, 25-Hydroxy

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Vitamin D, 25-Hydroxy 01	37.2		ng/mL	30.0-100.0
	Vitamin D deficiency has bee Medicine and an Endocrine So level of serum 25-OH vitamin The Endocrine Society went o insufficiency as a level bet 1. IOM (Institute of Medicin intakes for calcium and D National Academies Press. 2. Holick MF, Binkley NC, Bi	ciety practice guideline as a D less than 20 ng/mL (1,2). n to further define vitamin [ween 21 and 29 ng/mL (2). e). 2010. Dietary reference. Washington DC: The	F a	
	Evaluation, treatment, an deficiency: an Endocrine	Society clinical practice		
	auideline. JCEM. 2011 Jul	: 96(7):1911-30.		

C-Reactive Protein, Cardiac

 Test	Current Result and Flag		Previous Result and Date	Units	Reference Interval
C-Reactive Protein, Cardiac 01	0.58			mg/L	0.00-3.00
		Rela	tive Risk for Future Cardiov	ascular Event	
			Low	<1.00	
			Average	1.00 - 3.00	
			High	>3.00	

Sedimentation Rate-Westergren

Sedimentation Rate-Westergren ⁰¹	2		mm/hr	0-15
Magnesium, RBC				
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Magnesium, RBC ^{A, 01}	6.4		mg/dL	4.2-6.8

Current Result and Flag

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Test

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Previous Result and Date

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Reference Interval

Units

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Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

Out of reference range Critical or Alert

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.

Performing Labs

01: BN - LabCorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-762-4344

Patient Details

Physician Details

Specimen Details Specimen ID: Control ID:

Phone:

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Alternate Control Number: Date Collected:

Date of Birth: Age: Sex:

Phone: Physician ID:

NPI:

Date Received: Date Entered: Date Reported:

Rte:

Patient ID: Alternate Patient ID:

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