

PATIENT INFORMATION				LABORATORY INFORMATION			
Name: [REDACTED]				Lab: [REDACTED]			
DOB: [REDACTED]				Specimen: [REDACTED]			
Referring Physician: [REDACTED]				Ordering Physician: [REDACTED]			

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
eGFR If Africn Am	127		mL/min/1.73	>59	
Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula.					
BUN/Creatinine Ratio	13			8 - 19	
Sodium, Serum	141		mmol/L	135 - 145	01
Effective December 19, 2011 Sodium, Serum reference interval will be changing to: 134 - 144 mmol/L					
Potassium, Serum	4.7		mmol/L	3.5 - 5.2	01
Chloride, Serum	102		mmol/L	97 - 108	01
Carbon Dioxide, Total	26		mmol/L	20 - 32	01
Calcium, Serum	9.5		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.3		g/dL	6.0 - 8.5	01
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	3.0		g/dL	1.5 - 4.5	
A/G Ratio	1.4			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	53		IU/L	25 - 150	01
AST (SGOT)	23		IU/L	0 - 40	01
ALT (SGPT)	19		IU/L	0 - 55	01
C-Reactive Protein, Quant	9.5	High	mg/L	0.0 - 4.9	01

Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LabCorp 11700 Westpark Drive Houston, TX 77036-5500 Phone: 281-888-8279	LabCorp 11700 Westpark Drive Houston, TX 77036-5500 Phone: 281-888-8279
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