LabCorp

LabCorp Tampa 5610 W LaSalle Street Tampa, FL 33607-1770

Phone: 800-877-5227

 Date and Time Collected
 Date Entered
 Date and Time Reported

 11/11/13 07:38
 11/11/13 11/12/13 06:36ET

Tests Ordered

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Sedimentation Rate-Westergren; C-Reactive Protein, Quant; Ambig Abbrev CMP14 Default; Venipuncture; Non LCA Req

General Comments

This is a courtesy copy of a laboratory report.

TESTS	TESTS RESULT FLAG		UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default				-	
WBC	4.8		x10E3/uL	3.4 - 10.8	01
RBC	4.71		x10E6/uL	4.14 - 5.80	01
Hemoglobin	12.4	LOW	g/dL	12.6 - 17.7	01
Hematocrit	38.8		용	37.5 - 51.0	01
MCV	82		fL	79 - 97	01
MCH	26.3	LOW	pg	26.6 - 33.0	01
MCHC	32.0		g/dL	31.5 - 35.7	01
RDW	18.2	High	용	12.3 - 15.4	01
Platelets	243		x10E3/uL	155 - 379	01
Neutrophils	55		용	40 - 74	01
Lymphs	31		ક	14 - 46	01
Monocytes	9		용	4 - 12	01
Eos	3		용	0 - 5	01
Basos	2		용	0 - 3	01
Neutrophils (Absolute)	2.7		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.5		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		용	0 - 2	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
A hand written nanel/n	rofile was r	ogoived	from your of	fice In	

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 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.



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		11/11/13	07:38 11	/12/13			
TESTS	RESULT	FLAG	UNI			E INTERVAL	LAB
Comp. Metabolic Panel (14)		:-					
Glucose, Serum	83		mg/dL		65	- 99	01
BUN	15		mg/	dL	6	- 20	01
Creatinine, Serum	0.65	Low	mg/	dL	0.76	- 1.27	01
eGFR If NonAfricn Am	124		mL/min	/1.73		>59	
eGFR If Africa Am	144		mL/min	/1.73		>59	
BUN/Creatinine Ratio	23	High			8	- 19	
Sodium, Serum	138		mmo	1/L	134	- 144	01
Potassium, Serum	4.3		mmo.	1/L	3.5	- 5.2	01
Chloride, Serum	100		mmo.	L/L	97	- 108	01
Carbon Dioxide, Total	24		mmo.	1/L	19	- 28	01
Calcium, Serum	9.2		mg/	dL	8.7	- 10.2	01
Protein, Total, Serum	7.8		g/d	dL	6.0	- 8.5	01
Albumin, Serum	4.2		g/d	dL	3.5	- 5.5	01
Globulin, Total	3.6		g/c	dL	1.5	- 4.5	
A/G Ratio	1.2				1.1	- 2.5	
Bilirubin, Total	0.4		mg/	dL	0.0	- 1.2	01
Alkaline Phosphatase, S	66		IU	/L	39	- 117	01
AST (SGOT)	18		IU,	/L	0	- 40	01
ALT (SGPT)	13		IU,	/L	0	- 44	01
Sedimentation Rate-Westergren							
	4		mm/	hr	0	- 15	01
C-Reactive Protein, Quant	3.3		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.

Non LCA Req

A non-LabCorp request form was submitted. The use of LabCorp request forms will enhance our services, resulting in improved turn around time and reduction of the number of calls to your office for clarification of data.

Date Collected Date Entered 11/26/13 11/26		3				
TESTS		RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Iron and TIBC						
Iron Bind.Cap.(T	IBC)	298	,	ıg/dL	250 - 450	
UIBC		214	1	ug/dL	150 - 375	01
Iron, Serum		84	1	ıg/dL	40 - 155	01
Iron Saturation		28		6	15 - 55	
Fibrinogen Activi	ty	328	1	ng/dL	193 - 507	01
Non LCA Req	4	-	1	ng/dL		01

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call

REPORT PHONE

Zajac

Brian

12/12/2013