



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

Phone: 800-877-5227

Date Entered 04/04/14		Date and Time Reported 04/05/14 07:46ET	
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Tests Ordered
CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Iron and TIBC; Sedimentation Rate-Westergren; Fibrinogen Activity; C-Reactive Protein, Quant; Ambig Abbrev CMP14 Default; Venipuncture; Non LCA Req

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	4.1		x10E3/uL	3.4 - 10.8	01
RBC	4.56		x10E6/uL	4.14 - 5.80	01
Hemoglobin	14.7		g/dL	12.6 - 17.7	01
Hematocrit	41.9		%	37.5 - 51.0	01
MCV	92		fL	79 - 97	01
MCH	32.2		pg	26.6 - 33.0	01
MCHC	35.1		g/dL	31.5 - 35.7	01
RDW	14.6		%	12.3 - 15.4	01
Platelets	189		x10E3/uL	155 - 379	01
Neutrophils	56		%	40 - 74	01
Lymphs	33		%	14 - 46	01
Monocytes	7		%	4 - 12	01
Eos	3		%	0 - 5	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	2.3		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.4		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.3		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	0 - 2	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

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.

[Faded footer text, likely containing contact information and company details]

LabCorp
 Laboratory Corporation of America

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 5610 W LaSalle Street
 Tampa, FL 33607-1770

Phone: 800-877-5227

Date and Time Collected	Date Reported
04/04/14 08:18	04/05/14

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose, Serum	86		mg/dL	65 - 99	01
BUN	18		mg/dL	6 - 20	01
Creatinine, Serum	0.90		mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	109		mL/min/1.73	>59	
eGFR If African Am	126		mL/min/1.73	>59	
BUN/Creatinine Ratio	20	High		8 - 19	
Sodium, Serum	139		mmol/L	134 - 144	01
Potassium, Serum	4.7		mmol/L	3.5 - 5.2	01
Chloride, Serum	101		mmol/L	97 - 108	01
Carbon Dioxide, Total	26		mmol/L	19 - 28	01
Calcium, Serum	9.7		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.7		g/dL	6.0 - 8.5	01
Albumin, Serum	4.7		g/dL	3.5 - 5.5	01
Globulin, Total	3.0		g/dL	1.5 - 4.5	
A/G Ratio	1.6			1.1 - 2.5	
Bilirubin, Total	0.4		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	76		IU/L	39 - 117	01
AST (SGOT)	29		IU/L	0 - 40	01
ALT (SGPT)	21		IU/L	0 - 44	01
Iron and TIBC					
Iron Bind.Cap.(TIBC)	312		ug/dL	250 - 450	
UIBC	265		ug/dL	150 - 375	01
Iron, Serum	47		ug/dL	40 - 155	01
Iron Saturation	15		%	15 - 55	
Sedimentation Rate-Westergren					
	2		mm/hr	0 - 15	01
Fibrinogen Activity					
	203		mg/dL	193 - 507	01
C-Reactive Protein, Quant					
	<1.0		mg/L	0.0 - 4.9	01
Ambig Abbrev CMP14 Default					01

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.