

**LabCorp**  
Laboratory Corporation of America

Patient ID		Route	
Patient Last Name		12	
Patient First Name		Patient Middle Name	
Patient SSN		Total Volume	
Age	Sex	Fasting	
37	M	Yes	
Patient Address		Additional Information	
		UPIN:	
Date and Time Collected	Date Entered	Date and Time Reported	Physician ID
07/11/07 10:35	07/11/07	07/12/07 10:21ET	

Tests Ordered  
CBC With Differential/Platelet; Comp. Metabolic Panel (14); TSH; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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**CBC With Differential/Platelet**

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
WBC	9.3		x10E3/uL	4.0 - 10.5	01
RBC	5.44		x10E6/uL	4.10 - 5.60	01
Hemoglobin	12.3	Low	g/dL	12.5 - 17.0	01
Hematocrit	37.5		%	36.0 - 50.0	01
MCV	69	Low	fL	80 - 98	01
MCH	22.6	Low	pg	27.0 - 34.0	01
MCHC	32.7		g/dL	32.0 - 36.0	01
RDW	19.2	High	%	11.7 - 15.0	01
Platelets	400		x10E3/uL	140 - 415	01
Neutrophils	60		%	40 - 74	01
Lymphs	21		%	14 - 46	01
Monocytes	11		%	4 - 13	01
Eos	7		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	5.6		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.0		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	1.0		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.7	High	x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Hematology Comments:	Note:				01
Slight microcytosis.					
Moderate anisocytosis.					

**Comp. Metabolic Panel (14)**

TESTS	RESULT	UNITS	REFERENCE INTERVAL	LAB
Glucose, Serum	99	mg/dL	65 - 99	01
BUN	9	mg/dL	5 - 26	01
Creatinine, Serum	1.0	mg/dL	0.5 - 1.5	01
BUN/Creatinine Ratio	9		8 - 27	
Sodium, Serum	140	mmol/L	135 - 148	01
Potassium, Serum	4.0	mmol/L	3.5 - 5.5	01
Chloride, Serum	104	mmol/L	96 - 109	01
Carbon Dioxide, Total	26	mmol/L	20 - 32	01
Calcium, Serum	9.1	mg/dL	8.5 - 10.6	01

		Seq # 7264
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FINAL REPORT

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**LabCorp**  
Laboratory Corporation of America

Phone [REDACTED]

Patient Name: [REDACTED]		Date and Time Collected: 07/11/07 10:35	Date Reported: 07/12/07	Sex: M
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Protein, Total, Serum	5.9	Low	g/dL	6.0 - 8.5	01
Albumin, Serum	3.5		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.5			1.1 - 2.5	
Bilirubin, Total	0.2		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	67		IU/L	25 - 150	01
AST (SGOT)	16		IU/L	0 - 40	01
ALT (SGPT)	18		IU/L	0 - 55	01
<b>TSH</b>	<b>2.433</b>		<b>uIU/mL</b>	<b>0.350 - 5.500</b>	<b>01</b>

01 PD [REDACTED] Dir: [REDACTED]  
 For inquiries, the physician may contact Branch: [REDACTED] Lab: [REDACTED]

**FINAL REPORT**

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TO: [REDACTED]

**LabCorp**

Patient ID		Patient Last Name		Patient First Name		Patient Middle Name		Patient SSN		Total Volume		Age		Sex		Fasting		Patient Address		Additional Information		Kiosk			
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		37		M		NO		[REDACTED]		SRC:ST SRC:ST		UPIN: [REDACTED]		12	
Date and Time Collected		Date Entered		Date and Time Reported		NPI		Physician ID																	
07/11/07 15:56		07/11/07		07/15/07 10:08ET		[REDACTED]		[REDACTED]																	

Tests Ordered  
**Stool Culture; C difficile Toxins A+B, EIA; Ova + Parasite Exam;** [REDACTED]

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Stool Culture</b>					
Salmonella/Shigella Screen	Final Report				01
Result 1	No Salmonella or Shigella recovered.				01
Campylobacter Culture	Final Report				01
Result 1	No Campylobacter species isolated.				01
E coli Shiga Toxin EIA	Negative			Negative	01
C difficile Toxins A+B, EIA	Negative			Negative	01
Ova + Parasite Exam	Final Report				01
Ova + Parasite Exam	These results were obtained using wet preparation(s) and trichrome stained smear. This test does not include testing for Cryptosporidium parvum, Cyclospora, or Microsporidia.				01
Result 1	No ova, cysts, or parasites seen.				01

01 PD [REDACTED]  
 For inquiries [REDACTED]

[REDACTED]



Patient ID		Phone		Route
Patient Last Name		Account Address		12
Patient First Name	Patient Middle Name		[REDACTED]	
Patient SS#	Total Volume		[REDACTED]	
Sex	M	Fasting	No	
Patient Address		Additional Information		
[REDACTED]		UPIN: [REDACTED]		
Date and Time Collected	Date Entered	Date and Time Reported	NPI	Physician ID
08/02/07 10:11	08/02/07	08/08/07 10:23ET	[REDACTED]	[REDACTED]
Celiac Disease II; Venipuncture; [REDACTED]				

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Celiac Disease II</b>					
Endomysial Antibody IgA	Negative			Negative	01
t-Transglutaminase (tTG) IgA	1		U/mL	0 - 3	01
			Negative	0 - 3	
			Weak Positive	4 - 10	
			Positive	>10	
Tissue Transglutaminase (tTG) has been identified as the endomysial antigen. Studies have demonstrated that endomysial IgA antibodies have over 99% specificity for gluten sensitive enteropathy.					
t-Transglutaminase (tTG) IgG	1		U/mL	0 - 5	01
			Negative	0 - 5	
			Weak Positive	6 - 9	
			Positive	>9	
Immunoglobulin A, Qn, Serum	188		mg/dL	70 - 400	02

01	BN	LabCorp Burlington	Dir: Frank Hancock, MD
		1447 York Court, Burlington, NC 27215-2230	
02	PD	[REDACTED]	[REDACTED]

For inquiries, the physician may contact branch: [REDACTED]

[REDACTED]	[REDACTED]	Seq # 7486
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**DUPLICATE FINAL REPORT**

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DOC1 Ver: 1.33

[REDACTED]

Specimen # [REDACTED] Control/Reg Number [REDACTED] Pg 1  
 Pasting No [REDACTED] Micro Source [REDACTED] Total Urine Volume [REDACTED] Report Status S /Final  
 Date Collected [REDACTED] Time Collected 10:42 Date Entered 03/03/08 Date Reported 03/05/08  
 Patient ID Number [REDACTED] Patient Phone [REDACTED] Patient SSN [REDACTED]  
 Patient Name [REDACTED] Sex M Date of Birth [REDACTED]  
 Patient Address [REDACTED] #6  
 Comments PATN AGE: 037, [REDACTED]

**RECEIVED**  
**LabCorp®** V 1.32  
 Clinical Information MAR - 5 2008  
 A [REDACTED] 99  
 NPI: [REDACTED] UPIN: [REDACTED]  
 PHY NAME: [REDACTED]

Tests Requested HBcAb+M+HBeAb+Ag+HBsAg; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Hepatic Function Panel (7); HCV Antibody; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>HBcAb+M+HBeAb+Ag+HBsAg</b>					
HBsAg Screen	Negative			Negative	01
Hep Be Ag	Negative			Negative	02
Hep B Core Ab, IgM	Negative			Negative	01
Hep B Core Ab, Tot	Negative			Negative	01
Hep Be Ab	Negative			Negative	02
<b>CBC With Differential/Platelet</b>					
WBC	8.4		x10E3/uL	4.0 - 10.5	01
RBC	5.59		x10E6/uL	4.10 - 5.60	01
Hemoglobin	13.1		g/dL	12.5 - 17.0	01
Hematocrit	40.1		%	36.0 - 50.0	01
MCV	72	Low	fL	80 - 98	01
MCH	23.5	Low	pg	27.0 - 34.0	01
MCHC	32.7		g/dL	32.0 - 36.0	01
RDW	18.2	High	%	11.7 - 15.0	01
Platelets	405		x10E3/uL	140 - 415	01
Neutrophils	62		%	40 - 74	01
Lymphs	25		%	14 - 46	01
Monocytes	9		%	4 - 13	01
Eos	3		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	5.2		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.8		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
<b>Comp. Metabolic Panel (14)</b>					
Glucose, Serum	102	High	mg/dL	65 - 99	01
BUN	15		mg/dL	5 - 26	01
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	01
BUN/Creatinine Ratio	15			8 - 27	01
Sodium, Serum	139		mmol/L	135 - 148	01
Potassium, Serum	4.3		mmol/L	3.5 - 5.5	01
Chloride, Serum	103		mmol/L	96 - 109	01
Carbon Dioxide, Total	28		mmol/L	20 - 32	01
Calcium, Serum	9.9		mg/dL	8.5 - 10.6	01
Protein, Total, Serum	6.8		g/dL	6.0 - 8.5	01
Albumin, Serum	4.2		g/dL	3.5 - 5.5	01
Globulin, Total	2.6		g/dL	1.5 - 4.5	01

FINAL REPORT

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Specimen #		Control/Reg Number		Pg 2	
Fasting	Micro Source	Total Urine Volume	Report Status		
No			S /Final		
Date Collected	Time Collected	Date Entered	Date Reported		
03/03/08	10:42	03/03/08	03/05/08		
Patient ID Number		Patient SSN		Account	
Patient Name		Sex	Date of Birth		
		M			
Patient Address					
Comments					
PATN AGE: 037					

Clinical Information

99

UPIN

PHY NAME:

Tests Requested HBCAb+M+HBeAb+Ag+HBsAg; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Hepatic Function Panel (7); HCV Antibody; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
A/G Ratio	1.6			1.1 - 2.5	
Bilirubin, Total	0.3		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	91		IU/L	25 - 150	01
AST (SGOT)	21		IU/L	0 - 40	01
ALT (SGPT)	16		IU/L	0 - 55	01
<b>Hepatic Function Panel (7)</b>					
Bilirubin, Direct	0.08		mg/dL	0.00 - 0.40	01
<b>HCV Antibody</b>					
Hep C Virus Ab	<0.1		s/co ratio	0.0 - 0.9	01
			Negative:	< 0.8	
			Indeterminate	0.8 - 0.9	
			Positive:	> 0.9	

In order to reduce the incidence of a false positive result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed with additional RIBA or PCR testing.

01 PD LabCorp Dir:

02 BN LabCorp Burlington Dir: Frank Hancock, MD  
1447 York Court, Burlington, NC 27215-2230

For inquiries, the physician may contact Branch:

LAST PAGE OF REPORT

FINAL REPORT

Fasting No		Micro Source	Total Urine Volume	Pg 1
Date Collected	Time Collected	Date Entered	Date Reported	Report Status
06/30/08	10:12	06/30/08	07/01/08	S /Final
Patient Name	Sex	Patient SSN	Account	
	M		JUL - 1 2008	
Patient Address		Comments		
		PATN AGE: 038		

Clinical Information	<b>RECEIVED</b>
STANDING ORDER	
UPIN:	
PHY NAME:	

Tests Requested CBC With Differential/Platelet; Basic Metabolic Panel (8); Iron and TIBC; C-Reactive Protein, Quant; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>CBC With Differential/Platelet</b>					
WBC	8.2		x10E3/uL	4.0 - 10.5	01
RBC	5.55		x10E6/uL	4.10 - 5.60	01
Hemoglobin	14.9		g/dL	12.5 - 17.0	01
Hematocrit	44.1		%	36.0 - 50.0	01
MCV	80		fL	80 - 98	01
<b>MCH</b>	<b>26.8</b>	Low	pg	27.0 - 34.0	01
MCHC	33.7		g/dL	32.0 - 36.0	01
<b>RDW</b>	<b>17.4</b>	High	%	11.7 - 15.0	01
Platelets	324		x10E3/uL	140 - 415	01
Neutrophils	57		%	40 - 74	01
Lymphs	30		%	14 - 46	01
Monocytes	8		%	4 - 13	01
Eos	4		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	4.7		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.4		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.6		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
<b>Basic Metabolic Panel (8)</b>					
Glucose, Serum	86		mg/dL	65 - 99	01
BUN	16		mg/dL	5 - 26	01
Creatinine, Serum	1.00		mg/dL	0.50 - 1.50	01
Glom Filt Rate, Est	>60		mL/min	60 - 137	
If African-American	>60		mL/min	60 - 137	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at <a href="http://www.kdoqi.org">www.kdoqi.org</a> .					
BUN/Creatinine Ratio	16			8 - 27	
Sodium, Serum	141		mmol/L	135 - 145	01
Potassium, Serum	4.8		mmol/L	3.5 - 5.2	01
Chloride, Serum	104		mmol/L	97 - 108	01
Carbon Dioxide, Total	21		mmol/L	20 - 32	01
Calcium, Serum	9.8		mg/dL	8.5 - 10.6	01
<b>Iron and TIBC</b>					
Iron Bind.Cap. (TIBC)	372		ug/dL	250 450	

FINAL REPORT

Supplies # [redacted] Control/Ref N° [redacted] Pg 2

Fasting NO Micro Source [redacted] Total Urine Volume [redacted] Report Status S /Final

Date Collected 06/30/08 Time Collected 10:12 Date Entered 06/30/08 Date Reported 07/01/08

Patient ID Number [redacted] Patient Phone Number [redacted] Patient SSN [redacted]

Patient Name [redacted] Sex M Date of Birth [redacted]

Patient Address [redacted]

Comments  
PATN AGE: 038 [redacted]

Clinical Information  
STANDING ORDER Q 3MOS

Account  
[redacted] 99

Tests Requested CBC With Differential/Platelet; Basic Metabolic Panel (8); Iron and TIBC; C-Reactive Protein, Quant; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
UIBC	342		ug/dL	150 - 375	01
Iron, Serum	30	Low	ug/dL	40 - 155	01
Iron Saturation	8	Alert	%	15 - 55	
C-Reactive Protein, Quant	1.2		mg/L	0.0 - 4.9	01

01 PD [redacted]  
For inquiries, the physician may contact Branch: [redacted]

LAST PAGE OF REPORT

- Iron def persists

- folate in 3 months

recheck CBC, Iron sat, Ferritin  
in 3 months  
+ CRP.

7/15 Iron gluconate 325 tid

FINAL REPORT

send note to PA.

Specimen #		Control/Reg Number		Pg 1
Fasting No	Micro Source	Total Urine Volume	Report Status S /Final	
Date Collected 06/30/08	Time Collected 10:12	Date Entered 10/17/08	Date Reported 10/18/08	
Patient ID Number		Patient Phone Number		Patient SSN
Patient Name			Sex M	Date of Birth 03/14/70
Patient Address				
Comments				
PATN AGE: 038				

Clinical Information  
STANDING ORDER Q 3MOS

Account

M.D.

99

UPIN: [REDACTED]  
PHY NAME: [REDACTED]

Tests Requested CBC With Differential/Platelet; Basic Metabolic Panel (8); Iron and TIBC; C-Reactive Protein, Quant; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>CBC With Differential/Platelet</b>					
WBC	9.8		x10E3/uL	4.0 - 10.5	01
RBC	5.51		x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.7		g/dL	12.5 - 17.0	01
Hematocrit	45.7		%	36.0 - 50.0	01
MCV	83		fL	80 - 98	01
MCH	28.5		pg	27.0 - 34.0	01
MCHC	34.4		g/dL	32.0 - 36.0	01
<b>RDW</b>	<b>15.1</b>	<b>High</b>	%	11.7 - 15.0	01
Platelets	334		x10E3/uL	140 - 415	01
Neutrophils	55		%	40 - 74	01
Lymphs	31		%	14 - 46	01
Monocytes	9		%	4 - 13	01
Eos	4		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	5.4		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	3.0		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.9		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.4		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
<b>Basic Metabolic Panel (8)</b>					
<b>Glucose, Serum</b>	<b>63</b>	<b>Low</b>	mg/dL	65 - 99	01
Serum was received in contact with cells. This may cause erroneous increases in AST, ALT, LD, GGT, potassium and phosphorus and a decrease in glucose. Clinical correlation indicated.					
BUN	16		mg/dL	5 - 26	01
Creatinine, Serum	1.12		mg/dL	0.76 - 1.27	01
Glom Filt Rate, Est	>59		mL/min/1.73	60 - 137	
***EFFECTIVE OCTOBER 27, 2008 the reference interval*** on 'Glom Filt Rate, Est' and 'If African-American' will be changing to >59 mL/min/1.73.					
If African-American	>59		mL/min/1.73	60 - 137	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					

FINAL REPORT

Specimen #		Control/Reg Number		Pg 2	
Fasting	Micro Source	Total Urine Volume	Report Status		
No			S /Final		
Date Collected	Time Collected	Date Entered	Date Reported		
06/30/08	10:12	10/17/08	10/18/08		
Patient Name		Sex		Date of Birth	
		M		03/14/70	
Comments					
PATN AGE: 038					

Clinical Information	
STANDING ORDER Q 3MOS	
Account	
99	
UPIN:	
PHY NAME:	

Tests Requested CBC With Differential/Platelet; Basic Metabolic Panel (8); Iron and TIBC; C-Reactive Protein, Quant; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	138		mmol/L	135 - 145	01
Potassium, Serum	4.7		mmol/L	3.5 - 5.2	01
Chloride, Serum	99		mmol/L	97 - 108	01
Carbon Dioxide, Total	24		mmol/L	20 - 32	01
Calcium, Serum	9.9		mg/dL	8.5 - 10.6	01
<b>Iron and TIBC</b>					
Iron Bind.Cap. (TIBC)	340		ug/dL	250 - 450	
UIBC	271		ug/dL	150 - 375	01
Iron, Serum	69		ug/dL	40 - 155	01
Iron Saturation	20		%	15 - 55	
C-Reactive Protein, Quant	1.0		mg/L	0.0 - 4.9	01

01 PD [REDACTED]

For inquiries, the physician may contact Branch: [REDACTED]

LAST PAGE OF REPORT

FINAL REPORT