

Specimen ID: 020-988-9504-0
Control ID:

Acct #: 90000999 **Phone:** (336) 436-8645 **Rte:** 00
 LabCorp Test Master
 Test Account
 5450 Millstream Road
 MCLEANSVILLE NC 27301

SAMPLE REPORT, 001081
Patient Details

DOB: 01/01/1980
Age(y/m/d): 040/00/19
Gender: M **SSN:**
Patient ID:

Specimen Details

Date collected: 01/20/2020 0000 Local
Date received: 01/20/2020
Date entered: 01/20/2020
Date reported: 01/20/2020 0000 ET

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info: NORMAL REPORT

Total Urine Volume: 1200ml

Fasting: Not Provided

Ordered Items

Albumin

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Albumin	4.5		g/dL	4.0 - 5.0		01

01	\$\$	Testmaster Testing 3060 S Church Street, Burlington, NC 27215	Dir: Report Testing, PhD
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For inquiries, the physician may contact **Branch: 800-222-7566 Lab: 336-436-2762**

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MCLEANSVILLE NC 27301**SAMPLE REPORT, 001081****Patient Details****DOB:** 01/01/1980
Age(y/m/d): 040/00/19
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Patient ID:**Specimen Details****Date collected:** 01/20/2020 0000 Local
Date received: 01/20/2020
Date entered: 01/20/2020
Date reported: 01/20/2020 0000 ET**Physician Details****Ordering:**
Referring:
ID:
NPI:**General Comments & Additional Information****Clinical Info:** ABNORMAL REPORT**Total Urine Volume:** 1200ml**Fasting:** Not Provided**Ordered Items**

Albumin

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Albumin	5.1	High	g/dL	4.0 - 5.0		01

01 \$\$ Testmaster Testing
3060 S Church Street, Burlington, NC 27215

Dir: Report Testing, PhD

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