



Testmaster Testing
 3060 S Church Street
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 324-988-9507-0		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
SAMPLE				Account Address			
Patient Last Name				LabCorp Test Master			
Patient First Name 001149		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 26/10/08		Date of Birth 01/10/90		Sex F		Fasting	
Patient Address				Additional Information			
				NORMAL REPORT			
Date and Time Collected 11/18/16 00:00		Date Entered 11/19/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Thyroxine (T4)							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Thyroxine (T4)	5.2		ug/dL	4.5 - 12.0	01

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

SAMPLE, 001149		324-988-9507-0	Seq # 0000
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11/28/16 16:50 ET

DUPLICATE FINAL REPORT

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 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 324-988-9508-0		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
Patient Last Name SAMPLE				Account Address LabCorp Test Master			
Patient First Name 001149		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 26/10/07		Date of Birth 01/11/90		Sex M		Fasting	
Patient Address				Additional Information ABNORMAL REPORT			
Date and Time Collected 11/18/16 00:00		Date Entered 11/19/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered Thyroxine (T4)							
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Thyroxine (T4)	20.5	Alert	ug/dL	4.5 - 12.0	01

01 \$\$ Testmaster Testing Dir: Report Testing, PhD
 3060 S Church Street, Burlington, NC 27215
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SAMPLE, 001149		324-988-9508-0	Seq # 0000
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