



Testmaster Testing  
 3060 S Church Street  
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>252-988-5004-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
<b>SAMPLE REPORT</b>				Account Address			
Patient Last Name				LabCorp Test Master			
Patient First Name <b>081315</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 51/00/13		Date of Birth 08/26/65		Sex F		Fasting	
Patient Address				Additional Information			
				NORMAL REPORT			
Date and Time Collected 09/08/16 00:00		Date Entered 09/08/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Histamine Determination, Blood							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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<b>Histamine Determination, Blood</b>	100		ng/mL	12 - 127	01
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Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.

01	BN	LabCorp Burlington	Dir: William F Hancock, MD
		1447 York Court, Burlington, NC 27215-3361	
For inquiries, the physician may contact <b>Branch: 800-222-7566 Lab: 336-436-2762</b>			

<b>SAMPLE REPORT, 081315</b>		<b>252-988-5004-0</b>	Seq # 0000
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Testmaster Testing  
 3060 S Church Street  
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>252-988-5005-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
<b>SAMPLE REPORT</b>				Account Address			
Patient Last Name				LabCorp Test Master			
Patient First Name <b>081315</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 54/06/14		Date of Birth 02/25/62		Sex M		Fasting	
Patient Address				Additional Information			
				ABNORMAL REPORT			
Date and Time Collected 09/08/16 00:00		Date Entered 09/08/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Histamine Determination, Blood							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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<b>Histamine Determination, Blood</b>	<b>150</b>	<b>High</b>	ng/mL	12 - 127	01
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<b>SAMPLE REPORT, 081315</b>		<b>252-988-5005-0</b>	Seq # 0000
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