



LabCorp Raritan
69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 197-996-9516-0		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
SAMPLE REPORT				Account Address			
Patient Last Name				LabCorp Test Master			
Patient First Name 183160		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 26/05/21		Date of Birth 01/23/90		Sex F		Fasting	
Patient Address				Additional Information			
				NORMAL REPORT			
Date and Time Collected 07/14/16 00:00		Date Entered 07/15/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Ct, Ng, Trich vag by NAA							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ct, Ng, Trich vag by NAA					
Chlamydia by NAA	Negative			Negative	01
Gonococcus by NAA	Negative			Negative	01
Trich vag by NAA	Negative			Negative	01

01	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869-1800	Dir: Araceli B Reyes, MD
For inquiries, the physician may contact Branch: 800-222-7566 Lab: 800-631-5250			

SAMPLE REPORT, 183160		197-996-9516-0	Seq # 0000
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07/15/16 11:53 ET

DUPLICATE FINAL REPORT

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SAMPLE REPORT				Account Address			
Patient Last Name				LabCorp Test Master			
Patient First Name 183160		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 26/05/21		Date of Birth 01/23/90		Sex F		Fasting	
Patient Address				Additional Information			
				ABNORMAL REPORT			
Date and Time Collected 07/14/16 00:00		Date Entered 07/15/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Ct, Ng, Trich vag by NAA							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ct, Ng, Trich vag by NAA					
Chlamydia by NAA	Positive	Abnormal		Negative	01
Gonococcus by NAA	Positive	Abnormal		Negative	01
Trich vag by NAA	Positive	Abnormal		Negative	01

01	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869-1800	Dir: Araceli B Reyes, MD
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