## SAMPLE REPORT

<table>
<thead>
<tr>
<th>Specimen Number</th>
<th>Patient ID</th>
<th>Control Number</th>
<th>Account Number</th>
<th>Account Phone Number</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>236-988-9038-0</td>
<td></td>
<td>90000999</td>
<td>336-436-8645</td>
<td>00</td>
<td></td>
</tr>
</tbody>
</table>

### Patient Information
- **Name:** 013037
- **Address:** 3060 South Church Street, Burlington NC 27215
- **Phone:** 336-436-2762
- **NPI:** 90000999
- **Physician:** LabCorp Test Master
- **Physician Address:** Branch: 800-222-7566, Lab: 336-436-2762
- **Control Number:** 0000
- **Dir:** William F Hancock, MD
- **Address:** 1447 York Court, Burlington, NC 27215-3361
- **Phone:** 800-222-7566

### Tests Ordered
- **pH, Urine**

<table>
<thead>
<tr>
<th>TESTS</th>
<th>RESULT</th>
<th>FLAG</th>
<th>UNITS</th>
<th>REFERENCE INTERVAL</th>
<th>LAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH, Urine</td>
<td>5.3</td>
<td></td>
<td>4.5 – 8.0</td>
<td>01</td>
<td>01</td>
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</tbody>
</table>

**Disclaimer:**
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

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DOC1 Ver: 1.49
<table>
<thead>
<tr>
<th>Control Number</th>
<th>Account Number</th>
<th>Account Phone Number</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>90000999</td>
<td>336-436-8645</td>
<td>00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Account Number</th>
<th>Account Phone Number</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>236-988-9039-0</td>
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<td>90000999</td>
<td>336-436-8645</td>
<td>00</td>
<td></td>
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</tbody>
</table>

**SAMPLE REPORT**

<table>
<thead>
<tr>
<th>Test Account</th>
<th>Test Account Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LabCorp Test Master</td>
<td>336-436-2762</td>
</tr>
</tbody>
</table>

**Patient Information**

- **Patient Last Name**: LabCorp Test Master
- **Patient First Name**: Test Account
- **Patient Address**: 3060 South Church Street
  - **Burlington NC 27215**

**Date and Time Collected**: 08/23/16 00:00
**Date and Time Reported**: 08/23/16 00:00
**Physician Name**: William F Hancock, MD
**NPI**: 90000999
**Physician ID**: 00

**Patient Information**

- **Age (Y/M/D)**: 19/09/10
- **Date of Birth**: 11/13/96
- **Sex**: F
- **Fasting**: Yes
- **Patient Phone**: 336-436-8645
- **Patient Address**: 3060 S Church Street
  - **Burlington NC 27215**

**Additional Information**

**ABNORMAL REPORT**

**Tests Ordered**

- **pH, Urine**

<table>
<thead>
<tr>
<th>TESTS</th>
<th>RESULT</th>
<th>FLAG</th>
<th>UNITS</th>
<th>REFERENCE INTERVAL</th>
<th>LAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH, Urine</td>
<td>10.0</td>
<td>High</td>
<td>4.5 − 8.0</td>
<td>01</td>
<td></td>
</tr>
</tbody>
</table>

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**Dir**: William F Hancock, MD
**Branch**: 800-222-7566
**Lab**: 336-436-2762

**Account Number**: 236-988-9039-0

**Duplicate Final Report**

- **Sample Report, 013037**
- **Seq #**: 0000
- **Date and Time Collected**: 08/23/16 00:00

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