



Specimen ID: 120-216-3604-0
Control ID: 30091448073

Acct #: 09386640

Phone: (863) 687-1300

Rte: 99

WATTS, GORDON

821 ALICIA RD
Lakeland FL 33801
(863) 688-9980

Lakeland Regl Family Hlth Clin
300 Parkview Place
LAKELAND FL 33805

**Patient Details**

DOB: 05/16/1966
Age(y/m/d): 047/11/14
Gender: M SSN:
Patient ID:

Specimen Details

Date collected: 04/30/2014 0918 Local
Date entered: 04/30/2014
Date reported: 05/01/2014 0657 ET

Physician Details

Ordering: L JOHNSON
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Lipid Panel; Vitamin B12 and Folate; TSH; Thyroxine (T4) Free, Direct, S; Magnesium, Serum; Triiodothyronine, Free, Serum; Ambig Abbrev CMP14 Default; Ambig Abbrev LP Default; Venipuncture; Non LCA Req

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	7.0		x10E3/uL	3.4 - 10.8	01
RBC	4.41		x10E6/uL	4.14 - 5.80	01
Hemoglobin	14.2		g/dL	12.6 - 17.7	01
Hematocrit	41.9		%	37.5 - 51.0	01
MCV	95		fL	79 - 97	01
MCH	32.2		pg	26.6 - 33.0	01
MCHC	33.9		g/dL	31.5 - 35.7	01
RDW	13.1		%	12.3 - 15.4	01
Platelets	318		x10E3/uL	155 - 379	01
Neutrophils	68		%	40 - 74	01
Lymphs	20		%	14 - 46	01
Monocytes	6		%	4 - 12	01
Eos	5		%	0 - 5	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	4.8		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.4		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	0 - 2	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Comp. Metabolic Panel (14)

Glucose, Serum	85	mg/dL	65 - 99	01
BUN	11	mg/dL	6 - 24	01

Date Issued: 05/13/14 1025 ET

FINAL REPORT

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Creatinine, Serum	0.87		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	103		mL/min/1.73	>59	
eGFR If Africn Am	119		mL/min/1.73	>59	
BUN/Creatinine Ratio	13			9 - 20	
Sodium, Serum	142		mmol/L	134 - 144	01
Potassium, Serum	4.4		mmol/L	3.5 - 5.2	01
Chloride, Serum	103		mmol/L	97 - 108	01
Carbon Dioxide, Total	24		mmol/L	19 - 28	01
Calcium, Serum	9.3		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.9		g/dL	6.0 - 8.5	01
Albumin, Serum	4.1		g/dL	3.5 - 5.5	01
Globulin, Total	2.8		g/dL	1.5 - 4.5	
A/G Ratio	1.5			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	69		IU/L	39 - 117	01
AST (SGOT)	28		IU/L	0 - 40	01
ALT (SGPT)	17		IU/L	0 - 44	01

Lipid Panel

Cholesterol, Total	155		mg/dL	100 - 199	01
Triglycerides	129		mg/dL	0 - 149	01
HDL Cholesterol	43		mg/dL	>39	01
Comment					01

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Cal	26		mg/dL	5 - 40	
LDL Cholesterol Calc	86		mg/dL	0 - 99	

Vitamin B12 and Folate

Vitamin B12	1969	High	pg/mL	211 - 946	01
Folate (Folic Acid), Serum	>19.9		ng/mL	>3.0	01
Note:					01

A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.

TSH	3.230		uIU/mL	0.450 - 4.500	01
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Thyroxine (T4) Free, Direct, S

T4, Free (Direct)	1.12		ng/dL	0.82 - 1.77	01
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Magnesium, Serum	2.1		mg/dL	1.6 - 2.6	01
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Triiodothyronine, Free, Serum	3.0		pg/mL	2.0 - 4.4	01
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Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive

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TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.						

Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Non LCA Req

01

A non-LabCorp request form was submitted. The use of LabCorp request forms will enhance our services, resulting in improved turn around time and reduction of the number of calls to your office for clarification of data.

01	TA	LabCorp Tampa 5610 W LaSalle Street, Tampa, FL 33607-1770	Sean Farrier, MD
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For inquiries, the physician may contact **Branch: 800-877-5227 Lab: 800-877-5227**