

# Patient Report



**Specimen ID:** 329-216-6224-0  
**Control ID:** 30091468794

**Acct #:** 09386640

**Phone:** (863) 687-1300

**Rte:** 99

**WATTS, GORDON W.**

821 ALICIA RD  
 Lakeland FL 33801  
 (863) 688-9880

Lakeland Regl Family Hlth Clin  
 300 Parkview Place  
 LAKELAND FL 33805



**Patient Details**

**DOB:** 05/16/1966  
**Age(y/m/d):** 049/06/09  
**Gender:** M  
**Patient ID:**

**Specimen Details**

**Date collected:** 11/25/2015 1052 Local  
**Date received:** 11/25/2015 1345 Local  
**Date entered:** 11/25/2015  
**Date reported:** 11/26/2015 0839 ET

**Physician Details**

**Ordering:** E JEAN PIER  
**Referring:**  
**ID:**  
**NPI:** 1851479257

**General Comments & Additional Information**

**Total Volume:** Not Provided

**Fasting:** Yes

**Ordered Items**

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Urinalysis, Routine; Lipid Panel; Vitamin B12 and Folate; Hemoglobin A1c; Thyroxine (T4) Free, Direct, S; TSH; Prostate-Specific Ag, Serum; Magnesium, Serum; Ambig Abbrev CMP14 Default; Ambig Abbrev LP Default; Venipuncture; Non LCA Req

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>CBC/Diff Ambiguous Default</b>					
WBC	4.4		x10E3/uL	3.4-10.8	01
RBC	4.60		x10E6/uL	4.14-5.80	01
Hemoglobin	14.6		g/dL	12.6-17.7	01
Hematocrit	43.3		%	37.5-51.0	01
MCV	94		fL	79-97	01
MCH	31.7		pg	26.6-33.0	01
MCHC	33.7		g/dL	31.5-35.7	01
RDW	13.2		%	12.3-15.4	01
Platelets	237		x10E3/uL	150-379	01
Neutrophils	57		%		01
Lymphs	26		%		01
Monocytes	6		%		01
Eos	10		%		01
Basos	1		%		01
Neutrophils (Absolute)	2.6		x10E3/uL	1.4-7.0	01
Lymphs (Absolute)	1.1		x10E3/uL	0.7-3.1	01
Monocytes (Absolute)	0.3		x10E3/uL	0.1-0.9	01
<b>Eos (Absolute)</b>	<b>0.5</b>	<b>High</b>	x10E3/uL	0.0-0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	01
Immature Granulocytes	0		%		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)**

Date Issued: 10/08/22 1900 ET

**FINAL REPORT**

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Glucose, Serum	87		mg/dL	65-99	01
BUN	9		mg/dL	6-24	01
Creatinine, Serum	1.09		mg/dL	0.76-1.27	01
eGFR If NonAfricn Am	79		mL/min/1.73	>59	
eGFR If Africn Am	92		mL/min/1.73	>59	
<b>BUN/Creatinine Ratio</b>	<b>8</b>	<b>Low</b>		9-20	
Sodium, Serum	140		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	23		mmol/L	18-29	01
Calcium, Serum	9.1		mg/dL	8.7-10.2	01
Protein, Total, Serum	6.6		g/dL	6.0-8.5	01
Albumin, Serum	4.5		g/dL	3.5-5.5	01
Globulin, Total	2.1		g/dL	1.5-4.5	
A/G Ratio	2.1			1.1-2.5	
Bilirubin, Total	0.4		mg/dL	0.0-1.2	01
Alkaline Phosphatase, S	62		IU/L	39-117	01
AST (SGOT)	25		IU/L	0-40	01
ALT (SGPT)	21		IU/L	0-44	01

## Urinalysis, Routine

Urinalysis Gross Exam					01
Specific Gravity	1.024			1.005-1.030	01
pH	6.0			5.0-7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2-1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					01

Microscopic not indicated and not performed.

## Lipid Panel

Cholesterol, Total	170		mg/dL	100-199	01
Triglycerides	48		mg/dL	0-149	01
HDL Cholesterol	63		mg/dL	>39	01
Comment					01

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a

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negative risk factor for CHD.					
VLDL Cholesterol Cal	10		mg/dL	5-40	
LDL Cholesterol Calc	97		mg/dL	0-99	

## Vitamin B12 and Folate

Vitamin B12	1855	High	pg/mL	211-946	01
Folate (Folic Acid), Serum	19.4		ng/mL	>3.0	01

Note:

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

## Hemoglobin A1c

Hemoglobin A1c	5.5		%	4.8-5.6	01
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Please Note:

Pre-diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

## Thyroxine (T4) Free, Direct, S

T4, Free (Direct)	1.18		ng/dL	0.82-1.77	01
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TSH	1.500		uIU/mL	0.450-4.500	01
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## Prostate-Specific Ag, Serum

Prostate Specific Ag, Serum	3.5		ng/mL	0.0-4.0	01
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Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Magnesium, Serum	2.1		mg/dL	1.6-2.6	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 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

A hand-written panel/profile was received from your office. In

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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	Dir: Sean Farrier, MD
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For inquiries, the physician may contact **Branch: 800-877-5227 Lab: 800-877-5227**