

**Specimen ID:** 170-988-9007-0  
**Control ID:**
**Acct #:** 90000999      **Phone:** (336) 436-8645      **Rte:** 00  
 LabCorp Test Master  
 Test Account  
 5450 Millstream Road  
 MCLEANSVILLE NC 27301

**SAMPLE REPORT, 001081**

**Patient Details**
**DOB:** 12/18/1985  
**Age(y/m/d):** 032/06/01  
**Gender:** M      **SSN:**  
**Patient ID:**
**Specimen Details**
**Date collected:** 06/19/2018 0000 Local  
**Date received:** 06/19/2018  
**Date entered:** 06/19/2018  
**Date reported:** 06/20/2018 0000 ET

**Physician Details**
**Ordering:**  
**Referring:**  
**ID:**  
**NPI:**
**General Comments & Additional Information**
**Clinical Info:** NORMAL

**Ordered Items**

Albumin

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Albumin	3.7		g/dL	3.5 - 5.5		01

01	\$\$	Testmaster Testing 3060 S Church Street, Burlington, NC 27215	Dir: Report Testing, PhD
----	------	--	--------------------------

 For inquiries, the physician may contact **Branch: 800-222-7566 Lab: 336-436-2762**

**Specimen ID:** 170-988-9008-0  
**Control ID:**
**Acct #:** 90000999      **Phone:** (336) 436-8645      **Rte:** 00  
 LabCorp Test Master  
 Test Account  
 5450 Millstream Road  
 MCLEANSVILLE NC 27301

**SAMPLE REPORT, 001081**

**Patient Details**
**DOB:** 12/18/1985  
**Age(y/m/d):** 032/06/01  
**Gender:** M      **SSN:**  
**Patient ID:**
**Specimen Details**
**Date collected:** 06/19/2018 0000 Local  
**Date received:** 06/19/2018  
**Date entered:** 06/19/2018  
**Date reported:** 06/20/2018 0000 ET

**Physician Details**
**Ordering:**  
**Referring:**  
**ID:**  
**NPI:**
**General Comments & Additional Information**
**Clinical Info:** ABNORMAL

**Ordered Items**

Albumin

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Albumin	5.7	High	g/dL	3.5 - 5.5		01

01	\$\$	Testmaster Testing 3060 S Church Street, Burlington, NC 27215	Dir: Report Testing, PhD
----	------	--	--------------------------

 For inquiries, the physician may contact **Branch: 800-222-7566 Lab: 336-436-2762**