

Specimen ID: 170-988-9014-0
Control ID:**Acct #:** 90000999 **Phone:** (336) 436-8645 **Rte:** 00
LabCorp Test Master
Test Account
5450 Millstream Road
MCLEANSVILLE NC 27301**SAMPLE REPORT, 001198****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**

Sodium

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Sodium	145	High	mmol/L	134 - 144		01

01	\$\$	Testmaster Testing 3060 S Church Street, Burlington, NC 27215	Dir: Report Testing, PhD
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For inquiries, the physician may contact **Branch: 800-222-7566 Lab: 336-436-2762**