



LabCorp Raritan
69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 214-996-9531-0		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
SAMPLE REPORT				Account Address LabCorp Test Master			
Patient First Name 001834		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 26/06/07		Date of Birth 01/23/90		Sex M	Fasting		
Patient Address				Additional Information NORMAL REPORT			
Date and Time Collected 07/30/16 00:00		Date Entered 08/01/16		Date and Time Reported		Physician Name	Physician ID

Complement C4, Serum							
Tests Ordered							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Complement C4, Serum	29		mg/dL	14 - 44	01

01	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869-1800	Dir: Araceli B Reyes, MD
For inquiries, the physician may contact Branch: 800-222-7566 Lab: 800-631-5250			

SAMPLE REPORT, 001834		214-996-9531-0	Seq # 0000
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08/01/16 15:21 ET

DUPLICATE FINAL REPORT

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SAMPLE REPORT				Account Address LabCorp Test Master			
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Patient Address				Additional Information ABNORMAL REPORT			
Date and Time Collected 07/30/16 00:00		Date Entered 08/01/16		Date and Time Reported		Physician Name	Physician ID

Complement C4, Serum							
Tests Ordered							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Complement C4, Serum	12	Low	mg/dL	14 - 44	01

01	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869-1800	Dir: Araceli B Reyes, MD
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