



Testmaster Testing  
 3060 S Church Street  
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>324-988-9509-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
Patient Last Name <b>SAMPLE</b>				Account Address LabCorp Test Master			
Patient First Name <b>002188</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 26/10/08		Date of Birth 01/10/90		Sex M	Fasting		
Patient Address				Additional Information NORMAL REPORT			
Date and Time Collected 11/18/16 00:00		Date Entered 11/19/16		Date and Time Reported		Physician Name	Physician ID

Triiodothyronine (T3)							
-----------------------	--	--	--	--	--	--	--

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Triiodothyronine (T3)	166		ng/dL	71 - 180	01

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

<b>SAMPLE, 002188</b>		<b>324-988-9509-0</b>	Seq # 0000
-----------------------	--	-----------------------	------------

11/28/16 16:50 ET

**DUPLICATE FINAL REPORT**

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.

©2004-16 Laboratory Corporation of America ® Holdings

If you have received this document in error, please call 800-762-4344

All Rights Reserved

DOC1 Ver: 1.49



Testmaster Testing  
 3060 S Church Street  
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>324-988-9510-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
<b>SAMPLE</b>				Account Address			
Patient Last Name				LabCorp Test Master			
Patient First Name <b>002188</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 26/10/08		Date of Birth 01/10/90		Sex M		Fasting	
Patient Address				Additional Information			
				ABNORMAL REPORT			
Date and Time Collected 11/18/16 00:00		Date Entered 11/19/16		Date and Time Reported		Physician Name	NPI
						Physician ID	

Tests Ordered							
Triiodothyronine (T3)							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Triiodothyronine (T3)	425	High	ng/dL	71 - 180	01

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

<b>SAMPLE, 002188</b>		<b>324-988-9510-0</b>	Seq # 0000
-----------------------	--	-----------------------	------------

11/28/16 16:51 ET

**DUPLICATE FINAL REPORT**

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.

©2004-16 Laboratory Corporation of America ® Holdings

If you have received this document in error, please call 800-762-4344

All Rights Reserved

DOC1 Ver: 1.49