



Testmaster Testing  
3060 S Church Street  
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>241-988-3231-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
<b>SAMPLE REPORT</b>				Account Address LabCorp Test Master			
Patient First Name <b>002295</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 36/07/18		Date of Birth 01/10/80		Sex F		Fasting	
Patient Address				Additional Information NORMAL REPORT			
Date and Time Collected 08/28/16 00:00		Date Entered 08/28/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Immunoglobulins A/E/G/M, Serum							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Immunoglobulins A/E/G/M, Serum</b>					
Immunoglobulin G, Qn, Serum	1200		mg/dL	700 - 1600	01
Immunoglobulin A, Qn, Serum	252		mg/dL	87 - 352	02
Immunoglobulin M, Qn, Serum	128		mg/dL	26 - 217	02
Immunoglobulin E, Total	63		IU/mL	0 - 100	01

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
02	\$\$	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 REPORT, 002295</b>		<b>241-988-3231-0</b>	Seq # 0000
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08/28/16 11:39 ET

**DUPLICATE FINAL REPORT**

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Testmaster Testing  
 3060 S Church Street  
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>241-988-3232-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
<b>SAMPLE REPORT</b>				Account Address LabCorp Test Master			
Patient First Name <b>002295</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 36/07/18		Date of Birth 01/10/80		Sex F		Fasting	
Patient Address				Additional Information ABNORMAL REPORT			
Date and Time Collected 08/28/16 00:00		Date Entered 08/28/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Immunoglobulins A/E/G/M, Serum							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Immunoglobulins A/E/G/M, Serum</b>					
Immunoglobulin G, Qn, Serum	950		mg/dL	700 - 1600	01
<b>Immunoglobulin A, Qn, Serum</b>	<b>450</b>	<b>High</b>	mg/dL	87 - 352	02
<b>Immunoglobulin M, Qn, Serum</b>	<b>236</b>	<b>High</b>	mg/dL	26 - 217	02
Immunoglobulin E, Total	95		IU/mL	0 - 100	01

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For inquiries, the physician may contact <b>Branch: 800-222-7566 Lab: 336-436-2762</b>			

<b>SAMPLE REPORT, 002295</b>	<b>241-988-3232-0</b>	Seq # 0000
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08/28/16 11:40 ET

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