



Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 238-988-9001-0		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 003038		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 24/06/13		Date of Birth 02/12/92		Sex M	Fasting		
Patient Address				Additional Information NORMAL REPORT			
Date and Time Collected 08/25/16 00:00		Date Entered 08/25/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Urinalysis, Routine							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis, Routine					
Urinalysis Gross Exam					01
Specific Gravity	1.021			1.005 - 1.030	01
pH	6.0			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					01
Microscopic not indicated and not performed.					

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

SAMPLE REPORT, 003038		238-988-9001-0	Seq # 0000
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Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 238-988-9002-0		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 003038		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 24/06/13		Date of Birth 02/12/92		Sex M		Fasting	
Patient Address				Additional Information ABNORMAL REPORT			
Date and Time Collected 08/25/16 00:00		Date Entered 08/25/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Urinalysis, Routine							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis, Routine					
Urinalysis Gross Exam					01
Specific Gravity	1.014			1.005 - 1.030	01
pH	7.0			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Cloudy	Abnormal		Clear	01
WBC Esterase	3+	Abnormal		Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination	See below:				01
Microscopic was indicated and was performed.					
WBC	11-30	Abnormal	/hpf	0 - 5	01
RBC	0-2		/hpf	0 - 2	01
Epithelial Cells (non renal)	0-10		/hpf	0 - 10	01
Casts	None seen		/lpf	None seen	01
Mucus Threads	Present			Not Estab.	01
Bacteria	Few			None seen/Few	01

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