



Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

| | | | | | | | |
|---|--|---------------------------|--|---|----------------------------|--------------------------------------|--------------|
| Specimen Number 334-988-9515-0 | | Patient ID | | Control Number | Account Number 90000999 | Account Phone Number 336-436-8645 | Route 00 |
| Patient Last Name SAMPLE | | | | Account Address LabCorp Test Master | | | |
| Patient First Name 004416 | | Patient Middle Name | | Test Account | | | |
| Patient SS# | | Patient Phone | | 3060 South Church Street | | | |
| Age (Y/M/D) 26/10/17 | | Date of Birth 01/11/90 | | Sex F | | Fasting | |
| Patient Address | | | | Additional Information NORMAL REPORT | | | |
| Date and Time Collected 11/28/16 00:00 | | Date Entered 11/29/16 | | Date and Time Reported | | Physician Name | Physician ID |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Tests Ordered hCG, Beta Subunit, Qnt, Serum | | | | | | | |
|--|--|--|--|--|--|--|--|

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|--------------------------------------|--------|-----------------------|--------|--------------------|-----|
| hCG, Beta Subunit, Qnt, Serum | | | | | |
| hCG, Beta Subunit, Qnt, Serum | 2 | | mIU/mL | | 01 |
| | | Female (Non-pregnant) | | 0 - 5 | |
| | | (Postmenopausal) | | 0 - 8 | |
| | | Female (Pregnant) | | | |
| | | Weeks of Gestation | | | |
| | | 3 | | 6 - 71 | |
| | | 4 | | 10 - 750 | |
| | | 5 | | 217 - 7138 | |
| | | 6 | | 158 - 31795 | |
| | | 7 | | 3697 -163563 | |
| | | 8 | | 32065 -149571 | |
| | | 9 | | 63803 -151410 | |
| | | 10 | | 46509 -186977 | |
| | | 12 | | 27832 -210612 | |
| | | 14 | | 13950 - 62530 | |
| | | 15 | | 12039 - 70971 | |
| | | 16 | | 9040 - 56451 | |
| | | 17 | | 8175 - 55868 | |
| | | 18 | | 8099 - 58176 | |

Roche ECLIA methodology

| | | | |
|--|------|--|--------------------------|
| 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, 004416 | | 334-988-9515-0 | Seq # 0000 |
|-----------------------|--|-----------------------|------------|

12/01/16 08:29 ET

DUPLICATE FINAL REPORT

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| Age (Y/M/D) 26/10/17 | | Date of Birth 01/11/90 | | Sex M | | Fasting | |
| Patient Address | | | | Additional Information ABNORMAL REPORT | | | |
| Date and Time Collected 11/28/16 00:00 | | Date Entered 11/29/16 | | Date and Time Reported | | Physician Name | Physician ID |

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| Tests Ordered hCG, Beta Subunit, Qnt, Serum | | | | | | | |
|--|--|--|--|--|--|--|--|

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|--|--------|------|--------|--------------------|-----|
| hCG, Beta Subunit, Qnt, Serum | | | | | |
| hCG, Beta Subunit, Qnt, Serum Roche ECLIA methodology | 25 | High | mIU/mL | 0 - 3 | 01 |

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

| | | | |
|-----------------------|--|-----------------------|------------|
| SAMPLE, 004416 | | 334-988-9516-0 | Seq # 0000 |
|-----------------------|--|-----------------------|------------|

12/01/16 08:30 ET

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