



Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

| | | | | | | | |
|---|--|---------------------------|--|--------------------------|----------------------------|--------------------------------------|--------------|
| Specimen Number 323-988-3207-0 | | Patient ID | | Control Number | Account Number 90000999 | Account Phone Number 336-436-8645 | Route 00 |
| SAMPLE REPORT | | | | Account Address | | | |
| Patient Last Name | | | | LabCorp Test Master | | | |
| Patient First Name 006494 | | Patient Middle Name | | Test Account | | | |
| Patient SS# | | Patient Phone | | 3060 South Church Street | | | |
| Age (Y/M/D) 36/10/08 | | Date of Birth 01/10/80 | | Sex F | | Fasting | |
| Patient Address | | | | Additional Information | | | |
| | | | | NORMAL REPORT | | | |
| Date and Time Collected 11/18/16 00:00 | | Date Entered 11/18/16 | | Date and Time Reported | | Physician Name | Physician ID |

| | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| Tests Ordered | | | | | | | |
| Cytomegalovirus (CMV) Ab, IgG | | | | | | | |

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|-------------------------------|--------|------|-----------|--------------------|-----|
| Cytomegalovirus (CMV) Ab, IgG | <0.20 | | U/mL | 0.00 - 0.59 | 01 |
| | | | Negative | <0.60 | |
| | | | Equivocal | 0.60 - 0.69 | |
| | | | Positive | >0.69 | |

| | | | |
|--|----|--|----------------------------|
| 01 | BN | LabCorp Burlington | Dir: William F Hancock, MD |
| | | 1447 York Court, Burlington, NC 27215-3361 | |
| For inquiries, the physician may contact Branch: 800-222-7566 Lab: 336-436-2762 | | | |

| | | | |
|------------------------------|--|-----------------------|------------|
| SAMPLE REPORT, 006494 | | 323-988-3207-0 | Seq # 0000 |
|------------------------------|--|-----------------------|------------|

11/23/16 13:46 ET

DUPLICATE FINAL REPORT

Page 1 of 1

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| Specimen Number 323-988-3208-0 | | Patient ID | | Control Number | Account Number 90000999 | Account Phone Number 336-436-8645 | Route 00 |
| SAMPLE REPORT | | | | Account Address | | | |
| Patient Last Name | | | | LabCorp Test Master | | | |
| Patient First Name 006494 | | Patient Middle Name | | Test Account | | | |
| Patient SS# | | Patient Phone | | 3060 South Church Street | | | |
| Age (Y/M/D) 36/10/08 | | Date of Birth 01/10/80 | | Sex F | | Fasting | |
| Patient Address | | | | Additional Information | | | |
| | | | | ABNORMAL REPORT | | | |
| Date and Time Collected 11/18/16 00:00 | | Date Entered 11/18/16 | | Date and Time Reported | | Physician Name | Physician ID |

| | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| Tests Ordered | | | | | | | |
| Cytomegalovirus (CMV) Ab, IgG | | | | | | | |

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|-------------------------------|--------|------|-----------|--------------------|-----|
| Cytomegalovirus (CMV) Ab, IgG | 3.00 | High | U/mL | 0.00 - 0.59 | 01 |
| | | | Negative | <0.60 | |
| | | | Equivocal | 0.60 - 0.69 | |
| | | | Positive | >0.69 | |

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