



Testmaster Testing
 3060 S Church Street
 Burlington, NC 27215

Phone: 336-436-2762

| | | | | | | | |
|-------------------------------------------|--|---------------------------|--|--------------------------|----------------------------|--------------------------------------|--------------|
| Specimen Number 334-988-9549-0 | | Patient ID | | Control Number | Account Number 90000999 | Account Phone Number 336-436-8645 | Route 00 |
| SAMPLE | | | | Account Address | | | |
| Patient Last Name | | | | LabCorp Test Master | | | |
| Patient First Name 006685 | | 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 | | | | | | | |
| Thyroglobulin Antibody | | | | | | | |

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|----------------------------------------------------------------|--------|------|-------|--------------------|-----|
| Thyroglobulin Antibody | <1.0 | | IU/mL | 0.0 - 0.9 | 01 |
| Thyroglobulin Antibody measured by Beckman Coulter Methodology | | | | | |

| | | | |
|----------------------------------------------------------------------------------------|----|--------------------------------------------|----------------------------|
| 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, 006685 | | 334-988-9549-0 | Seq # 0000 |
|-----------------------|--|-----------------------|------------|

12/01/16 13:20 ET

DUPLICATE FINAL REPORT

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Burlington, NC 27215

Phone: 336-436-2762

| | | | | | | | |
|-------------------------------------------|--|---------------------------|--|--------------------------|----------------------------|--------------------------------------|--------------|
| Specimen Number 334-988-9550-0 | | Patient ID | | Control Number | Account Number 90000999 | Account Phone Number 336-436-8645 | Route 00 |
| SAMPLE | | | | Account Address | | | |
| Patient Last Name | | | | LabCorp Test Master | | | |
| Patient First Name 006685 | | 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 | | | |
| | | | | ABNORMAL 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 | | | | | | | |
| Thyroglobulin Antibody | | | | | | | |

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|----------------------------------------------------------------|------------|-------------|-------|--------------------|-----|
| Thyroglobulin Antibody | 5.0 | High | IU/mL | 0.0 - 0.9 | 01 |
| Thyroglobulin Antibody measured by Beckman Coulter Methodology | | | | | |

| | | | |
|----------------------------------------------------------------------------------------|----|--------------------------------------------|----------------------------|
| 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 | | | |

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|-----------------------|--|-----------------------|------------|
| SAMPLE, 006685 | | 334-988-9550-0 | Seq # 0000 |
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