



Testmaster Testing
 3060 S Church Street
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 237-988-7013-0		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 006734		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 24/06/22		Date of Birth 02/02/92		Sex F		Fasting	
Patient Address				Additional Information			
				NEGATIVE REPORT			
Date and Time Collected 08/24/16 00:00		Date Entered 08/24/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Hep A Ab, IgM							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hep A Ab, IgM	Negative			Negative	01

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, 006734		237-988-7013-0	Seq # 0000
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08/24/16 10:03 ET

DUPLICATE FINAL REPORT

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Phone: 336-436-2762

Specimen Number 237-988-7014-0		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 006734		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 29/06/10		Date of Birth 02/14/87		Sex M		Fasting	
Patient Address				Additional Information			
				POSITIVE REPORT			
Date and Time Collected 08/24/16 00:00		Date Entered 08/24/16		Date and Time Reported		Physician Name	
						NPI	
						Physician ID	

Tests Ordered							
Hep A Ab, IgM							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hep A Ab, IgM	Positive	Abnormal		Negative	01

01	\$\$	Testmaster Testing	Dir: Report Testing, PhD
		3060 S Church Street, Burlington, NC 27215	
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