



LabCorp Burlington
 1447 York Court
 Burlington, NC 27215-3361

Phone: 800-762-4344

Specimen Number 238-992-9201-0		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
SAMPLE REPORT				Account Address LabCorp Test Master Test Account 3060 South Church Street Burlington NC 27215			
Patient First Name 008144		Patient Middle Name		Additional Information NORMAL REPORT			
Patient SS#	Patient Phone	Total Volume					
Age (Y/M/D) 56/07/24	Date of Birth 01/01/60	Sex M	Fasting				
Patient Address				Additional Information			
Date and Time Collected 08/25/16 00:00	Date Entered 08/25/16	Date and Time Reported	Physician Name	NPI	Physician ID		

Tests Ordered							
Stool Culture							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Stool Culture					
Salmonella/Shigella Screen	Final Report				01
Result 1	No Salmonella or Shigella recovered.				01
Campylobacter Culture	Final Report				01
Result 1	No Campylobacter species isolated.				01
E coli Shiga Toxin EIA	Negative			Negative	01

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: 800-762-4344			

SAMPLE REPORT, 008144	238-992-9201-0	Seq # 0000
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08/31/16 10:05 ET

DUPLICATE FINAL REPORT

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Specimen Number 238-992-9202-0		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 008144		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 56/07/23		Date of Birth 01/01/60		Sex M	Fasting		
Patient Address				Additional Information ABNORMAL REPORT			
Date and Time Collected 08/24/16 00:00		Date Entered 08/25/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered
Stool Culture; Sensitivity Organism #1; Organism ID; Organism ID

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Stool Culture					
Salmonella/Shigella Screen	Final Report				01
Result 1					
Shigella sonnei		Abnormal			01
Antimicrobial Susceptibility					01
** S = Susceptible; I = Intermediate; R = Resistant **					
P = Positive; N = Negative					
MICS are expressed in micrograms per mL					
Antibiotic	RSLT#1	RSLT#2	RSLT#3	RSLT#4	
Ampicillin	S				
Ciprofloxacin	S				
Trimethoprim/Sulfa	S				
.					01
Campylobacter Culture	Final Report				01
Result 1					
Campylobacter species		Abnormal			01
Isolated					
Moderate growth					
.					01
E coli Shiga Toxin EIA	Positive	Abnormal		Negative	01
.					01

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: 800-762-4344**

SAMPLE REPORT, 008144 **238-992-9202-0** Seq # 0000

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