



LabCorp Burlington  
 1447 York Court  
 Burlington, NC 27215-3361

Phone: 800-762-4344

Specimen Number <b>238-992-9205-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
<b>SAMPLE REPORT</b>				Account Address			
Patient Last Name				LabCorp Test Master			
Patient First Name <b>008623</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 56/07/24		Date of Birth 01/01/60		Sex M		Fasting	
Patient Address				Additional Information			
				NORMAL REPORT			
Date and Time Collected 08/25/16 00:00		Date Entered 08/25/16		Date and Time Reported		Physician Name	Physician ID

Ova + Parasite Exam							
Tests Ordered							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

**Ova + Parasite Exam**

Ova + Parasite Exam	Final Report	01
These results were obtained using wet preparation(s) and trichrome stained smear. This test does not include testing for Cryptosporidium parvum, Cyclospora, or Microsporidia.		
Result 1		
No ova, cysts, or parasites seen.		01
One negative specimen does not rule out the possibility of a parasitic infection.		

01	BN	LabCorp Burlington	Dir: William F Hancock, MD
		1447 York Court, Burlington, NC 27215-3361	
For inquiries, the physician may contact <b>Branch: 800-222-7566 Lab: 800-762-4344</b>			

<b>SAMPLE REPORT, 008623</b>		<b>238-992-9205-0</b>	Seq # 0000
------------------------------	--	-----------------------	------------



LabCorp Burlington  
 1447 York Court  
 Burlington, NC 27215-3361

Phone: 800-762-4344

Specimen Number <b>238-992-9206-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
<b>SAMPLE REPORT</b>				Account Address LabCorp Test Master			
Patient First Name <b>008623</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 56/07/24		Date of Birth 01/01/60		Sex M		Fasting	
Patient Address				Additional Information ABNORMAL REPORT			
Date and Time Collected 08/25/16 00:00		Date Entered 08/25/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered Ova + Parasite Exam							
--------------------------------------	--	--	--	--	--	--	--

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Ova + Parasite Exam</b>					
Ova + Parasite Exam	Final Report				01
These results were obtained using wet preparation(s) and trichrome stained smear. This test does not include testing for Cryptosporidium parvum, Cyclospora, or Microsporidia.					
<b>Result 1</b>					
Dientamoeba fragilis trophozoites	Abnormal				01
Many seen					
<b>Result 2</b>					
Endolimax nana cysts.	Abnormal				01
Moderate seen					

01	BN	LabCorp Burlington	Dir: William F Hancock, MD
		1447 York Court, Burlington, NC 27215-3361	
For inquiries, the physician may contact <b>Branch: 800-222-7566 Lab: 800-762-4344</b>			

<b>SAMPLE REPORT, 008623</b>		<b>238-992-9206-0</b>	Seq # 0000
------------------------------	--	-----------------------	------------

08/31/16 15:50 ET

**DUPLICATE FINAL REPORT**

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.

©2004-16 Laboratory Corporation of America ® Holdings

If you have received this document in error, please call 800-222-7566

All Rights Reserved

DOC1 Ver: 1.49