



Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 314-988-9013-0		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 028928		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 31/08/26		Date of Birth 02/14/85		Sex F		Fasting	
Patient Address				Additional Information			
				NEGATIVE REPORT			
Date and Time Collected 11/09/16 00:00		Date Entered 11/10/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Hepatitis A (Prof V)							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hepatitis A (Prof V)					
Hep A Ab, IgM	Negative			Negative	01
Hep A Ab, Total	Negative			Negative	02

01	\$\$	Testmaster Testing 3060 S Church Street, Burlington, NC 27215	Dir: Report Testing, PhD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
For inquiries, the physician may contact Branch: 800-222-7566 Lab: 336-436-2762			

SAMPLE REPORT, 028928		314-988-9013-0	Seq # 0000
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11/10/16 14:07 ET

DUPLICATE FINAL REPORT

Page 1 of 1

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 3060 S Church Street
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 314-988-9014-0		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 028928		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 28/07/25		Date of Birth 03/15/88		Sex M		Fasting	
Patient Address				Additional Information			
				POSITIVE REPORT			
Date and Time Collected 11/09/16 00:00		Date Entered 11/10/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Hepatitis A (Prof V)							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hepatitis A (Prof V)					
Hep A Ab, IgM	Positive	Abnormal		Negative	01
Hep A Ab, Total	Positive	Abnormal		Negative	02

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SAMPLE REPORT, 028928		314-988-9014-0	Seq # 0000
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Page 1 of 1

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Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 310-988-9015-0	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 028928		Patient Middle Name	Test Account		
Patient SS#	Patient Phone	Total Volume		3060 South Church Street	
Age (Y/M/D) 40/04/05	Date of Birth 07/04/76	Sex M	Fasting		
Patient Address			Additional Information		
			INDETERMINATE REPORT		
Date and Time Collected 11/09/16 00:00	Date Entered 11/10/16	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered					
Hepatitis A (Prof V)					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hepatitis A (Prof V)					
Hep A Ab, IgM	Indeterminate	Abnormal		Negative	01
Verified by repeat analysis					
Hep A Ab, Total	Positive	Abnormal		Negative	02

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SAMPLE REPORT, 028928		310-988-9015-0	Seq # 0000
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11/10/16 14:09 ET

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Page 1 of 1

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