



Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 243-988-5020-0		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 046300		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		Total Volume 750 ml		3060 South Church Street	
Age (Y/M/D) 48/02/04		Date of Birth 06/26/68		Sex F	Fasting		
Patient Address				Additional Information SAMPLE REPORT			
Date and Time Collected 08/30/16 00:00		Date Entered 08/30/16		Date and Time Reported		Physician Name	NPI
						Physician ID	

Tests Ordered							
Lactose Tolerance Test							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Lactose Tolerance Test					
Glucose 1	50		mg/dL		01
Glucose 2	68		mg/dL		01
Glucose 3	88		mg/dL		01
Glucose 4	101		mg/dL		01
Glucose 5	125		mg/dL		01

Comment:

An increase in plasma glucose greater than 30 mg/dL is normal. Those with lactase deficiency will demonstrate bloating, cramps, and diarrhea, and will show a glucose increase of less than 20 mg/dL. False positive results may occur because of lack of the increase of blood glucose concentration attributable to normal insulin response to the carbohydrate load.

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, 046300		243-988-5020-0	Seq # 0000
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08/30/16 17:41 ET

DUPLICATE FINAL REPORT

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