



Testmaster Testing  
3060 S Church Street  
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>323-988-3213-0</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>096727</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 36/10/08		Date of Birth 01/10/80		Sex F		Fasting	
Patient Address				Additional Information			
				NORMAL REPORT			
Date and Time Collected 11/18/16 00:00		Date Entered 11/18/16		Date and Time Reported		Physician Name	
						NPI	
						Physician ID	

Tests Ordered							
Cytomegalovirus (CMV) Ab, IgM							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Cytomegalovirus (CMV) Ab, IgM</b>	<8.0		AU/mL	0.0 - 29.9	01
			Negative	<30.0	
			Equivocal	30.0 - 34.9	
			Positive	>34.9	

A positive result is generally indicative of acute infection, reactivation or persistent IgM production.

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: 336-436-2762</b>			

<b>SAMPLE REPORT, 096727</b>		<b>323-988-3213-0</b>	Seq # 0000
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11/23/16 13:48 ET

**DUPLICATE FINAL REPORT**

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Testmaster Testing  
3060 S Church Street  
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>323-988-3214-0</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>096727</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 36/10/08		Date of Birth 01/10/80		Sex F		Fasting	
Patient Address				Additional Information			
				ABNORMAL REPORT			
Date and Time Collected 11/18/16 00:00		Date Entered 11/18/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Cytomegalovirus (CMV) Ab, IgM							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Cytomegalovirus (CMV) Ab, IgM	58.9	High	AU/mL	0.0 - 29.9	01
			Negative	<30.0	
			Equivocal	30.0 - 34.9	
			Positive	>34.9	

A positive result is generally indicative of acute infection, reactivation or persistent IgM production.

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<b>SAMPLE REPORT, 096727</b>		<b>323-988-3214-0</b>	Seq # 0000
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