



Testmaster Testing
 3060 S Church Street
 Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 305-988-9000-0		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 123211		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 56/11/18		Date of Birth 11/13/59		Sex F		Fasting	
Patient Address				Additional Information NORMAL REPORT			
Date and Time Collected 10/31/16 00:00		Date Entered 10/31/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered Carbohydrate Deficient Transf.							
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Carbohydrate Deficient Transf.					
CDT	1.3		%	0.0 - 1.3	01
			Normal	<1.4	
			Inconclusive	1.4 - 1.6	
			Elevated	>1.6	

Clinical use only. Not specific for medico-legal purposes.

This test is not suitable for the evaluation of patients suspected of having congenital glycosylation disorders.

Comment

A Carbohydrate Deficient Transferrin (CDT) result <1.4% is considered to be normal and is consistent with low or no alcohol use during the previous two weeks.

01

01	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, 123211		305-988-9000-0	Seq # 0000
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10/31/16 08:01 ET

DUPLICATE FINAL REPORT

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Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 305-988-9001-0		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 123211		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 56/11/18		Date of Birth 11/13/59		Sex F		Fasting	
Patient Address				Additional Information			
				INCONCLUSIVE REPORT			
Date and Time Collected 10/31/16 00:00		Date Entered 10/31/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered							
Carbohydrate Deficient Transf.							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Carbohydrate Deficient Transf.					
CDT	1.5	High	%	0.0 - 1.3	01
			Normal	<1.4	
			Inconclusive	1.4 - 1.6	
			Elevated	>1.6	

Clinical use only. Not specific for medico-legal purposes.

This test is not suitable for the evaluation of patients suspected of having congenital glycosylation disorders.

Comment

A Carbohydrate Deficient Transferrin (CDT) result between 1.4 and 1.6% is considered to be inconclusive for chronic alcohol use during the previous two weeks. It is recommended to repeat test with a new sample collected three to four weeks later.

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		1447 York Court, Burlington, NC 27215-3361	
For inquiries, the physician may contact Branch: 800-222-7566 Lab: 336-436-2762			

SAMPLE REPORT, 123211		305-988-9001-0	Seq # 0000
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Testmaster Testing
3060 S Church Street
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number 305-988-9002-0		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 123211		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 56/11/18		Date of Birth 11/13/59		Sex F		Fasting	
Patient Address				Additional Information ELEVATED REPORT			
Date and Time Collected 10/31/16 00:00		Date Entered 10/31/16		Date and Time Reported		Physician Name	Physician ID

Tests Ordered Carbohydrate Deficient Transf.							
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Carbohydrate Deficient Transf.					
CDT	1.7	High	%	0.0 - 1.3	01
			Normal	<1.4	
			Inconclusive	1.4 - 1.6	
			Elevated	>1.6	

Clinical use only. Not specific for medico-legal purposes.

This test is not suitable for the evaluation of patients suspected of having congenital glycosylation disorders.

Comment

A Carbohydrate Deficient Transferrin (CDT) result >1.6% is considered to be elevated and associated with chronic alcohol use during the previous two weeks.

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SAMPLE REPORT, 123211		305-988-9002-0	Seq # 0000
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10/31/16 08:03 ET

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