



LabCorp Burlington
1447 York Court
Burlington, NC 27215-3361

Phone: 888-200-5439

Specimen Number	Patient ID	Control Number	Account Number	Account Plans Number	Route
Patient Last Name			Account Address		
Patient First Name			Direct Laboratory Services		
Patient Middle Name			4040 Florida Street Suite 202		
Patient SS#	Patient Phone	Mandeville LA 70448			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
		M	NO		
Patient Address			Additional Information		
			10-12 HRS FASTING REQ		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
07/28/08 08:11	07/28/08	07/29/08 08:30 ET			

Tests Ordered
CMP12+LP+6AC; Drawing Fee

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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CMP12+LP+6AC

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chemistries					01
Glucose, Serum	91		mg/dL	65 - 99	01
Uric Acid, Serum	6.5		mg/dL	2.4 - 8.2	01
BUN	12		mg/dL	5 - 26	01
Creatinine, Serum	0.84		mg/dL	0.50 - 1.50	01
Glom Filt Rate, Est	>60		mL/min	60 - 137	
IF African-American	>60		mL/min	60 - 137	

Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.

BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	135		mmol/L	135 - 145	01
Potassium, Serum	3.8		mmol/L	3.5 - 5.2	01
Chloride, Serum	97		mmol/L	97 - 108	01
Calcium, Serum	9.3		mg/dL	8.5 - 10.6	01
Phosphorus, Serum	2.9		mg/dL	2.5 - 4.5	01
Protein, Total, Serum	7.3		g/dL	6.0 - 8.5	01
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	3.0		g/dL	1.5 - 4.5	
A/G Ratio	1.4			1.1 - 2.5	
Bilirubin, Total	0.8		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	77		IU/L	25 - 150	01
LDH	155		IU/L	100 - 250	01
AST (SGOT)	21		IU/L	0 - 40	01
ALT (SGPT)	26		IU/L	0 - 55	01
GGT	19		IU/L	0 - 65	01
Iron, Serum	72		ug/dL	40 - 155	01
Lipids					01
Cholesterol, Total	168		mg/dL	100 - 199	01
Triglycerides	145		mg/dL	0 - 149	01
HDL Cholesterol	41		mg/dL	40 - 59	01
VLDL Cholesterol Cal	29		mg/dL	5 - 40	

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FINAL REPORT

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Patient Name					Specimen Number		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex M	Age(Y/M/D)	Date of Birth

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
LDL Cholesterol Calc	98		mg/dL	0 - 99		
T. Chol/HDL Ratio	4.1		ratio units	0.0 - 5.0		
Estimated CHD Risk	0.7		times avg.	0.0 - 1.0		
			T. Chol/HDL Ratio			
				Men	Women	
			1/2 Avg. Risk	3.4	3.3	
			Avg. Risk	5.0	4.4	
			2X Avg. Risk	9.6	7.1	
			3X Avg. Risk	23.4	11.0	

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

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