



LabCorp Dublin
6370 Wilcox Road
Dublin, OH 43016-1296

Phone: 614-889-1061

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route 40
Patient Last Name			Account Address		
Patient First Name			Patient Middle Name		
Patient SS#			Patient Phone	Total Volume	
Age (Y/M/D) 50/01/06	Date of Birth	Sex F	Fasting		
Patient Address			Additional Information		
Date and Time Collected 07/29/08 00:00	Date Entered 07/29/08	Date and Time Reported 07/29/08 08:30ET	Physician Name	NPI	Physician ID

Comp. Metabolic Panel (14); Please note Tests Ordered

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose, Serum	93		mg/dL	65 - 99	01
BUN	16		mg/dL	5 - 26	01
Creatinine, Serum	1.00		mg/dL	0.50 - 1.50	01
Glom Filt Rate, Est	59	Low	mL/min	60 - 128	
If African-American	>60		mL/min	60 - 128	
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	16			8 - 27	
Sodium, Serum	139		mmol/L	135 - 145	01
Potassium, Serum	4.0		mmol/L	3.5 - 5.2	01
Chloride, Serum	105		mmol/L	97 - 108	01
Carbon Dioxide, Total	26		mmol/L	20 - 32	01
Calcium, Serum	9.7		mg/dL	8.5 - 10.6	01
Protein, Total, Serum	6.7		g/dL	6.0 - 8.5	01
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.8			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	81		IU/L	25 - 150	01
AST (SGOT)	24		IU/L	0 - 40	01
ALT (SGPT)	33		IU/L	0 - 40	01

Please note 01
The date and/or time of collection was not indicated on the requisition as required by state and federal law. The date of receipt of the specimen was used as the collection date if not supplied.

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FINAL REPORT