



LabCorp San Diego
13112 Evening Creek Dr So Ste 200
San Diego, CA 92128-4108

Phone: 858-668-3700

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
[REDACTED]	[REDACTED]	60009471084	04330125	415-567-1014	00
Patient Last Name		Account Address			
[REDACTED]		Michel Accad MD			
Patient First Name	Patient Middle Name		2000 Van Ness Ste 208		
[REDACTED]	[REDACTED]		SAN FRANCISCO CA 94109		
Patient SS#	Patient Phone	Total Volume	Additional Information		
[REDACTED]	[REDACTED]	[REDACTED]	UPIN: G24998		
Age (Y/M/D)	Date of Birth	Sex	Fasting	Physician Name	
58/05/00	[REDACTED]	M	No	ACCAD, M	
Patient Address			Physician ID		
[REDACTED]			1649389768		
Date and Time Collected	Date Entered	Date and Time Reported	Physician ID		
03/14/14 11:38	03/14/14	03/16/14 09:14ET	1649389768		

Tests Ordered
CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Routine; Phosphorus, Serum; Calcium, Ionized, Serum; PTH, Intact; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	9.9		x10E3/uL	3.4 - 10.8	01
RBC	5.41		x10E6/uL	4.14 - 5.80	01
Hemoglobin	15.0		g/dL	12.6 - 17.7	01
Hematocrit	45.2		%	37.5 - 51.0	01
MCV	84		fL	79 - 97	01
MCH	27.7		pg	26.6 - 33.0	01
MCHC	33.2		g/dL	31.5 - 35.7	01
RDW	16.3	High	%	12.3 - 15.4	01
Platelets	338		x10E3/uL	155 - 379	01
Neutrophils	64		%	40 - 74	01
Lymphs	25		%	14 - 46	01
Monocytes	9		%	4 - 12	01
Eos	2		%	0 - 5	01
Basos	0		%	0 - 3	01
Neutrophils (Absolute)	6.3		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.5		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.9		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	0 - 2	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	76		mg/dL	65 - 99	01
BUN	18		mg/dL	6 - 24	01
Creatinine, Serum	1.57	High	mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	48	Low	mL/min/1.73	>59	
eGFR If Africn Am	55	Low	mL/min/1.73	>59	
BUN/Creatinine Ratio	11			9 - 20	
Sodium, Serum	138		mmol/L	134 - 144	01
Potassium, Serum	4.4		mmol/L	3.5 - 5.2	01
Chloride, Serum	98		mmol/L	97 - 108	01
Carbon Dioxide, Total	29	High	mmol/L	19 - 28	01

[REDACTED] Seq # 0148

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Patient Name					Specimen Number		
[REDACTED]					[REDACTED]		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
04330125		60009471084	03/14/14 11:38	03/16/14	M	58/05/00	[REDACTED]

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Calcium, Serum	10.6	High	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	5.5	Low	g/dL	6.0 - 8.5	01
Albumin, Serum	3.6		g/dL	3.5 - 5.5	01
Globulin, Total	1.9		g/dL	1.5 - 4.5	
A/G Ratio	1.9			1.1 - 2.5	
Bilirubin, Total	1.1		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	162	High	IU/L	39 - 117	01
AST (SGOT)	42	High	IU/L	0 - 40	01
ALT (SGPT)	35		IU/L	0 - 44	01

Urinalysis, Routine

Urinalysis Gross Exam					01
Specific Gravity	1.028			1.005 - 1.030	01
pH	6.5			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	4+	Abnormal		Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	1+	Abnormal		Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	1.0		mg/dL	0.0 - 1.9	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination	See below:				01
WBC	0-5		/hpf	0 - 5	01
RBC	4-10	Abnormal	/hpf	0 - 3	01
Epithelial Cells (non renal)	0-10		/hpf	0 - 10	01
Casts	Present	Abnormal	/lpf	None seen	01
Cast Type	Hyaline casts			N/A	01
Crystals	Present	Abnormal		N/A	01
Crystal Type	Calcium Oxalate			N/A	01
Mucus Threads	Present			Not Estab.	01
Bacteria	None seen			None seen/Few	01

Phosphorus, Serum	3.4		mg/dL	2.5 - 4.5	01
Calcium, Ionized, Serum	5.6		mg/dL	4.5 - 5.6	01
PTH, Intact	14	Low	pg/mL	15 - 65	01

01 SO LabCorp San Diego Dir: Kelli Chase, MD
 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108
 For inquiries, the physician may contact Branch: 800-888-1113 Lab: 858-668-3700

[REDACTED]	[REDACTED]	[REDACTED]	Seq # 0148
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Date lab results received: 3/17/2014
 Patient notified: Y Date: 3/17/2014
 Action taken: _____