

Specimen ID: 207-582-2269-0  
Control ID: 0244273621

Phone: (888) 732-2348 Rte: MA

**BEST, CHANTAL**

Request A Test, LTD.  
7027 Mill Road Suite 201  
BRECKSVILLE OH 44141



**Patient Details**

DOB: 01/13/1979  
Age(y/m/d): 039/06/07  
Gender: F SSN: \*\*\*-\*\*-0000  
Patient ID: 0244273621

**Specimen Details**

Date collected: 07/20/2018 1429 Local  
Date received: 07/26/2018  
Date entered: 07/26/2018  
Date reported: 07/28/2018 0609 ET

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

Reason for testing: Random  
Collectors Name: ADEL MAURICE  
Collectors Phone #: 8164681692  
MRO Name from CCF:  
Invalid Result; Abnormal pH = 9.1

Clinical Info: CCU:0244273621 H-00755515  
Clinical Info: \$03 ME Y

**Ordered Items**

Chain-of-Custody Protocol; 2nd Sample Handling; PSC Specimen Collection; 788652 5+Cr-Bund

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Chain-of-Custody Protocol	Performed					01
788652 5+Cr-Bund						01

01	JD	LabCorp OTS Southaven 1120 Main Street, Southaven, MS 38671-1428	Dir: Jennifer Collins, PhD
----	----	---	----------------------------

For inquiries, the physician may contact Branch: 800-762-4344 Lab: 662-342-1286

