LabCorp **Patient Report** Phone: (800) 539-6119 Specimen ID: Acct #: 17452095 Rte: 00 Control ID: Walk-In Lab. LLC **VART** verified 1645 Tiffany Lane Mandeville L-A 7044&--- ----Specimen Details **Patient Details** Physician Details DOB: Date collected: Ordering: L CHANDLER Date entered: Age(y/m/d): Referring:

ID:

NPI: 1043330921

**General Comments & Additional Information** 

SSN:

Total Volume: Not Provided Fasting:

**Ordered Items** 

Gender:

Patient ID:

Androstenedione LCMS; Drawing Fee

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Androstenedione LCMS					
Androstenedione LCMS	79		ng/dL	27 - 152	01
Disclaimer:					01
This test was developed	and its pe	erformance	characte	ristics	

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

Date reported:

01 BN	LabCorp Burlington	Dir: William F Hancock, MD
	1447 York Court, Burlington, NC 27215-3361	

For inquiries, the physician may contact Branch: 504-828-2666 Lab: 800-762-4344