LabCorp				Patientl	Repor
pecimen ID: Control ID:		Acct #: Walk-In VART ve	Lab, LLC erified	Phone: (800) 539-6119	Rte: 00
Patient Details DOB: Age(y/m/d): Gender: Patient ID:	Specimen Detail Date collected: Date received: Date entered: Date reported:	S	Physici Details Orderin Referrin ID: NPI:	ıg:	
General Comments & Additional nformation Alternate Control Number: Fotal Volume: Not Provided Ordered Items		Fasti	nate Patient ID ing: No		
SH and LH; Testosterone,Free and Total; I TESTS	DHEA-Sulfate; Cortis RESULT	ol; Estradiol; Pro		EFERENCE INTERVAL	LAB
'SH and LH	- KESULI	FLAG	ONLIS R	MININGE INTERVAL	
LH FSH	4.8		lar phase on phase ohase opausal mIU/mL	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	01 01
estosterone,Free and Total				3.5 - 12.5 4.7 - 21.5 1.7 - 7.7 25.8 - 134.8	
Testosterone, Serum	<4	Low	ng/dL	8-48	01
Free Testosterone(Direct)	0.7		pg/mL	0.0-4.2	02
HEA-Sulfate	96.6		ug/dL	57.3-279.2	01
Cortisol	13.3		ug/dL sol AM sol PM	6.2 - 19.4 2.3 - 11.9	01
Estradiol	49.5		lar phase on phase ohase opausal	12.5 - 166.0 85.8 - 498.0 43.8 - 211.0 <6.0 - 54.7 215.0 - >4300.0	01
Roche ECLIA methodolog	У				
Progesterone	0.2		ng/mL		01

Date Issued:

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Lab	Corp				PatientReport			
Patient: DOB:	Patient ID:	Con	trol ID:			Specimer Date collect		
	TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB	
			Luteal Ovulati Pregnar Firs Secc Thir	on phase	1.8 0.1 er 11.0 ter 25.4	- 23.9 - 12.0 - 44.3 - 83.3 - 214.0		

For inquiries, the physician may contact Branch: 504-828-2666 Lab: 713-856-8288

Date Issued:

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