

Specimen ID:
 Control ID:

 Acct #:
 Walk-In Lab, LLC
 VART verified

Phone: (800) 539-6119 Rte: 00

Patient Details

 DOB:
 Age(y/m/d):
 Gender:
 Patient ID:

Specimen Details

 Date collected:
 Date received:
 Date entered:
 Date reported:

Physician
Details Ordering:
 Referring:
 ID:
 NPI:

General Comments & Additional Information Clinical Info:

 Alternate Control Number:
 Total Volume:

 Alternate Patient ID:
 Fasting:

Ordered Items

Comp. Metabolic Panel (14); Urinalysis, Complete; Iron and TIBC; Chlamydia/GC Amplification; Prothrombin Time (PT); HSV 1 and 2-Spec Ab, IgG w/Rfx; HIV Ag/Ab with Reflex; HCV Antibody; Antinuclear Antibodies Direct; RPR; Ceruloplasmin; Alpha-1-Antitrypsin, Serum; Ferritin, Serum; Rapid Plasma Reagin, Quant; HBsAg Screen

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose	106	High	mg/dL	65-99	01
BUN	12		mg/dL	6-24	01
Creatinine	0.83		mg/dL	0.76-1.27	01
eGFR If NonAfricn Am	103		mL/min/1.73	>59	
eGFR If Africn Am	119		mL/min/1.73	>59	
BUN/Creatinine Ratio	14			9-20	
Sodium	138		mmol/L	134-144	01
Potassium	4.2		mmol/L	3.5-5.2	01
Chloride	102		mmol/L	96-106	01
Carbon Dioxide, Total	24		mmol/L	20-29	01
Calcium	8.9		mg/dL	8.7-10.2	01
Protein, Total	6.8		g/dL	6.0-8.5	01
Albumin	4.3		g/dL	4.0-5.0	01
Globulin, Total	2.5		g/dL	1.5-4.5	
A/G Ratio	1.7			1.2-2.2	
Bilirubin, Total	0.5		mg/dL	0.0-1.2	01
Alkaline Phosphatase	71		IU/L	39-117	01
AST (SGOT)	21		IU/L	0-40	01
ALT (SGPT)	39		IU/L	0-44	01
Urinalysis, Complete					
Urinalysis Gross Exam					01
Specific Gravity	1.022			1.005-1.030	01
pH	6.0			5.0-7.5	01
Urine-Color Appearance	Yellow			Yellow	01
	Clear			Clear	01

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2-1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
Microscopic follows if indicated.					01
Microscopic Examination					
	See below:				01
WBC	0-5		/hpf	0 - 5	01
RBC	0-2		/hpf	0 - 2	01
Epithelial Cells (non renal)					
	None seen		/hpf	0 - 10	01
Mucus Threads	Present			Not Estab.	01
Bacteria	None seen			None seen/Few	01
Iron and TIBC					
Iron Bind.Cap. (TIBC)	294		ug/dL	250-450	
UIBC	194		ug/dL	111-343	01
Iron	100		ug/dL	38-169	01
Iron Saturation	34		%	15-55	
Chlamydia/GC Amplification					
Chlamydia trachomatis, NAA					
	Negative			Negative	01
Neisseria gonorrhoeae, NAA					
	Negative			Negative	01
Prothrombin Time (PT)					
INR	0.9			0.8-1.2	01
	Reference interval is for non-anticoagulated patients. Suggested INR therapeutic range for Vitamin K antagonist therapy:				
	Standard Dose (moderate intensity therapeutic range):			2.0 - 3.0	
	Higher intensity therapeutic range			2.5 - 3.5	
Prothrombin Time	9.9		sec	9.1-12.0	01
HSV 1 and 2-Spec Ab, IgG w/Rfx					
HSV 1 IgG, Type Spec	<0.91		index	0.00-0.90	01
			Negative	<0.91	
			Equivocal	0.91 - 1.09	
			Positive	>1.09	

Note: Negative indicates no antibodies detected to

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HSV-1. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-1.					
HSV 2 IgG, Type Spec	<0.91		index	0.00-0.90	01
			Negative	<0.91	
			Equivocal	0.91 - 1.09	
			Positive	>1.09	
Note: Negative indicates no antibodies detected to HSV-2. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-2.					
HIV Ag/Ab with Reflex					
HIV Screen 4th Generation wRfx					
	Non Reactive			Non Reactive	01
HCV Antibody					
Hep C Virus Ab	<0.1		s/co ratio	0.0-0.9	01
			Negative:	< 0.8	
			Indeterminate:	0.8 - 0.9	
			Positive:	> 0.9	
The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).					
Antinuclear Antibodies Direct					
ANA Direct	Negative			Negative	01
RPR	Non Reactive			Non Reactive	01
Ceruloplasmin	19.1		mg/dL	16.0-31.0	02
Alpha-1-Antitrypsin, Serum	114		mg/dL	101-187	02
Ferritin, Serum	375		ng/mL	30-400	01
Rapid Plasma Reagin, Quant	Non Reactive			NonRea<1:1	01
HBsAg Screen	Negative			Negative	01

 For inquiries, the physician may contact **Branch: 504-828-2666 Lab: 858-668-3700**