LabCorp			Patient Re	eport		
Specimen ID: Control ID:		Acct #: Walk-In Lab, LLC VART verified	Phone: (800) 539-6119	Rte: 00		
Patient Details	Specimen Details	Phy	vsician Details			
General Comments & Additional Information Alternate Control Number: Total Volume: Not Provided	Alternate Patient ID: Fasting:					
Ordered Items Mercury, Blood						
TESTS	RESULT	FLAG UNITS	REFERENCE INTERVAL	LAB		
Mercury, Blood ^A	1.7	Occupational BEI - Inorga	0.0-14.9 Exposure: <15.0 Exposure: nic Mercury: 15.0 tion Limit = 1.0	01		

Comments:

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

For inquiries, the physician may	contact	Branch: 50	04-828-2666	Lab: 800-762-4344
----------------------------------	---------	------------	-------------	-------------------

This document contains private and confidential health information protected by state and federal law.

If you have received this document in error, please call 713-856-8288

Page 1 of 1