

Specimen ID: 238-504-8695-0
Control ID: 10221807649

Acct #: 31822190

Phone: (631) 261-4888

Rte: MR

RIGLIETTI, ROBERT J.
 16 HOWARD DR
 HUNTINGTON NY 11743
 (631) 793-2551

INES MUIA-CHISENA MD
 101 CENTERPORT RD
 CENTERPORT NY 11721



Patient Details

DOB: 07/30/1995
Age(y/m/d): 021/00/26
Gender: M **SSN:**
Patient ID:

Specimen Details

Date collected: 08/25/2016 1340 Local
Date received: 08/25/2016 1547 Local
Date entered: 08/25/2016
Date reported: 08/26/2016 2305 ET

Physician Details

Ordering: I MUIA-CHIS
Referring:
ID:
NPI: 1992821615

General Comments & Additional Information

Total Volume: Not Provided

Fasting: No

Ordered Items

CBC/Diff Ambiguous Default; Celiac Disease Panel; Comp. Metabolic Panel (14); Urinalysis, Routine; Ambig Abbrev CMP14 Default; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	7.2		x10E3/uL	3.4 - 10.8	01
RBC	5.56		x10E6/uL	4.14 - 5.80	01
Hemoglobin	17.0		g/dL	12.6 - 17.7	01
Hematocrit	49.5		%	37.5 - 51.0	01
MCV	89		fL	79 - 97	01
MCH	30.6		pg	26.6 - 33.0	01
MCHC	34.3		g/dL	31.5 - 35.7	01
RDW	13.5		%	12.3 - 15.4	01
Platelets	214		x10E3/uL	150 - 379	01
Neutrophils	57		%		01
Lymphs	34		%		01
Monocytes	7		%		01
Eos	1		%		01
Basos	1		%		01
Neutrophils (Absolute)	4.1		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.4		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

Celiac Disease Panel

Endomysial Antibody IgA	Negative		Negative		01
t-Transglutaminase (tTG) IgA	<2		U/mL	0 - 3	01
			Negative	0 - 3	
			Weak Positive	4 - 10	
			Positive	>10	

Tissue Transglutaminase (tTG) has been identified as the endomysial antigen. Studies have demonstr-

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	ated that endomysial IgA antibodies have over 99% specificity for gluten sensitive enteropathy.				
Immunoglobulin A, Qn, Serum	311		mg/dL	90 - 386	01
Comp. Metabolic Panel (14)					
Glucose, Serum	89		mg/dL	65 - 99	01
BUN	14		mg/dL	6 - 20	01
Creatinine, Serum	0.99		mg/dL	0.76 - 1.27	01
BUN/Creatinine Ratio	14			8 - 19	
Sodium, Serum	141		mmol/L	134 - 144	01
Potassium, Serum	4.1		mmol/L	3.5 - 5.2	01
Chloride, Serum	99		mmol/L	97 - 108	01
Carbon Dioxide, Total	23		mmol/L	18 - 29	01
Calcium, Serum	10.1		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.4		g/dL	6.0 - 8.5	01
Albumin, Serum	4.9		g/dL	3.5 - 5.5	01
Globulin, Total	2.5		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.1 - 2.5	
Bilirubin, Total	0.6		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	90		IU/L	39 - 117	01
AST (SGOT)	20		IU/L	0 - 40	01
ALT (SGPT)	23		IU/L	0 - 44	01

Urinalysis, Routine

Urinalysis Gross Exam					01
Specific Gravity	1.018			1.005 - 1.030	01
pH	6.5			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
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		EU/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination	Microscopic follows if indicated.				01

Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently

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or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869-1800	Dir: Araceli B Reyes, MD
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For inquiries, the physician may contact **Branch: 800-631-5250 Lab: 800-631-5250**