

Dr. Nalini Chilkov Integrative Oncology Professional Training Program

Laboratory Case Study—The Tumor Microenvironment-The Cancer Terrain Stage 4 Colorectal Cancer with Liver Metastasis Caucasian Male

Red Flags

Low Albumin. 1.1 (normal 1.2-2.2). Early sarcopenia and cachexia and altered protein metabolism

Elevated Liver Function Tests Alk Phos 242 H (39-117). ALT 62 (0-44)

Low Serum Iron 33 Low. (38-169) Low Iron Saturation 11% Low (15-55)

C677T Single DNA MTHFR Mutation

Transforming Growth Factor beta1 7007 High (867-6662)

CEA 7.5 H (0-4.7)

CA 19-9 1223 H (0-35)

hs-CRP 84.02 (0-3.0)

Interleukin-6 13.2 H (0-12.2)

GGT 210 H (0-65)

Ceruloplasmin 41.8 H (16.0-31.0)

Copper (high normal) 159 (72-166)

Zinc 92 normal (56-134). Low Zinc to Copper Ratio. 1:1 or 2:1 is protective

Fibrinogen activity 483 (high normal) 193-507.

Neutrophil: Lymphocyte Ratio 57:19 3.0

Low Creatinine 0.56 (0.76-1.27)

Elevated CRP: Albumin Ratio. 84.2. : 3.9 21.6. (> 3.04 poor prognosis)

Low Albumin: Globulin Ratio. 1.1 (improved survival >1.29)

CASE Studg

LabCorp

Patient Report

Patient DOB: Patient ID:	Con	trol ID: 60008109	142	Specimen ID: 0 Date collected: 01/16/20	016-494-0132-0 018 1030 Local
TESTS	RESULT	FLAG	UNITS R	EFERENCE INTERVA	L LAB
eGFR If NonAfricn Am	128		mL/min/1.7	3 >59	
eGFR If Africn Am	149		mL/min/1.7	3 >59	ange ing the
BUN/Creatinine Ratio	18			9 - 20	-9 K
Sodium, Serum	141		mmol/L	134 - 144	01
Potassium, Serum	4.4		mmol/L	3.5 - 5.2	01
Chloride, Serum	98		mmol/L	96 - 106	01
Carbon Dioxide, Total	26		mmol/L	18 - 29	01
Calcium, Serum	9.5		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.6		g/dL	6.0 - 8.5	01
Albumin, Serum	3.9		g/dL	3.5 - 5.5	01
Globulin, Total	3.7		g/dL	1.5 - 4.5	
A/G Ratio	1.1	Low	sent but at	1.2 - 2.2	
Bilirubin, Total	0.4		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase,	S 242	High	IU/L	39 - 117	01
AST (SGOT)	30		IU/L	0 - 40	01
ALT (SGPT)	62	High	IU/L	0 - 44	01
Urinalysis, Complete					
Urinalysis Gross Exam					01
Specific Gravity	1.024			1.005 - 1.030	01
рн	6.5			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Trace			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 Examinatio	n				
Microscopic follow Microscopic Examination	s if indicated. n				01
	See below:				01
WBC	0-5		/hpf	0 - 5	01
RBC	0-2		/hpf	0 - 2	01
Epithelial Cells (non	renal)		/ <u>P</u> =		01
	None seen		/hpf	0 - 10	01
Casts	Present	Abnormal	/lpf	None seen	01
Cast Type	Hyaline casts			N/A	01
Mucus Threads	Present			Not Estab.	01
Bacteria	Few			None seen/Few	01

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	e sturr 1	240
LabCorp		Patient Report
Specimen ID: 016-494-0132-0 Control ID: 60008109142	Acct #:	Phone: (310) 453-5700 Rte: 00
	Nalini Chilk	ov AC
	2428 Santa	Monica Blvd Ste 100
-	SANTA MOI	VICA CA 90404 • •
Patient Details	Specimen Details	Physician Details
	Date collected: 01/16/2018 1030 Local	Ordering: J CHILKOV
Gender: M SSN:	Date entered: 01/16/2018	ID:
Patient ID:	Date reported: 01/22/2018 1008 ET	NPI: 1215990767

General Comments & Additional Information Total Volume: Not Provided

Fasting: Yes

Ordered Items

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Urinalysis, Complete; Thyroid Panel With TSH; Iron and TIBC; G-6-PD, Quant, Blood and Hgb; Vitamin D, 1,25 + 25-Hydroxy; MTHFR; Trans. Growth Fact. beta 1*; Hemoglobin A1c; Thyroxine (T4) Free, Direct, S; Folate (Folic Acid), Serum; CEA; CA 19-9; Galectin-3; IGF-1; D-Dimer; Platelet Count on Citrated Bld; C-Reactive Protein, Cardiac; Interleukin-6, Plasma; Homocyst(e)ine, Plasma; LDH; GGT; Vitamin B12; Ceruloplasmin; Copper, Serum; Fibrinogen Activity; Zinc, Plasma or Serum; Insulin; Ferritin, Serum; Triiodothyronine,Free,Serum; Magnesium, RBC; Selenium, Serum/Plasma; Ambig Abbrev CMP14 Default; Venipuncture; Non LCA Req

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default	1				
WBC	8.3		x10E3/uI	3.4 - 10.8	01
RBC	4.86		x10E6/uI	4.14 - 5.80	01
Hemoglobin	12.8	Low	g/dL	13.0 - 17.7	01
Hematocrit	40.3		00	37.5 - 51.0	01
MCV	83		fL	79 - 97	01
MCH	26.3	Low	pg	26.6 - 33.0	01
MCHC	31.8		g/dL	31.5 - 35.7	01
RDW	12.9		010	12.3 - 15.4	01
Platelets	315		x10E3/uI	150 - 379	01
Neutrophils	57		00	Not Estab.	01
Lymphs	19		00	Not Estab.	01
Monocytes	10		00	Not Estab.	01
Eos	13		00	Not Estab.	01
Basos	1		00	Not Estab.	01
Neutrophils (Absolute)	4.7		x10E3/uI	1.4 - 7.0	01
Lymphs (Absolute)	1.6		x10E3/uI	0.7 - 3.1	01
Monocytes (Absolute)	0.8		x10E3/uI	0.1 - 0.9	01
Eos (Absolute)	1.1	High	x10E3/uI	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uI	0.0 - 0.2	01
Immature Granulocytes	0		olo	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uI	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	86		mg/dL	65 - 99	01
BUN	10		mg/dL	6 - 24	01
Creatinine, Serum	0.56	Low	mg/dL	0.76 - 1.27	01

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LabCorp

Patient Report

Patient ID:	Contr	ol ID: 6000810914	42	Specimen ID: 016-494 Date collected: 01/16/2018 103		
TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Thyroid Panel With TSH						
TSH	2.070		uIU/mL	0.450	- 4.500	01
Thyroxine (T4)	9.1		ug/dL	4.5	- 12.0	01
T3 Uptake	28		0/0	24	- 39	01
Free Thyroxine Index	2.5			1.2	- 4.9	
Turn and MIRC						
Iron and TIBC	310		ug/dL	250	- 450	
Iron Bind.Cap. (IIBC)	277		ug/dL	111	- 343	01
UIBC	277	LOW	ug/dL	38	- 169	01
Iron, Serum	11	LOW	49/41 %	15	- 55	
Iron Saturation			0	10		
G-6-PD, Quant, Blood and Hgb						
G-6-PD, Quant	10.5		U/g Hb	4.6	- 13.5	
When decreased, G-6-PD, hemolytic anemia when de stress, such as with ces infection, or ingestion Caution: In patients with values), testing for G-6 erythrocytes with a high Young erythrocytes and enzyme activity. Normal weeks following a hemoly	Quant. val eficient ir rtain medic of fava be th acute he 6-PD may be her enzyme reticulocyt values of ytic event.	ues are a dividuals cations (e ans. emolysis falsely deficienc ces have n G-6-PD ma	associated s are expo e.g., prim (e.g., abn normal be cy have be normal or ay be meas	with acut sed to oxi aquine), ormally lo cause olde en hemolyz near-norma ured for s	e dative w RBC er ed. 1 several	02
Vitamin D, 1.25 + 25-Hydroxy						
Calcitriol(1,25 di-OH Vit D)	52.9		pg/mL	19.9	- 79.3	02
Vitamin D, 25-Hydroxy Vitamin D deficiency has Medicine and an Endocrin level of serum 25-OH vit The Endocrine Society we insufficiency as a leve 1. IOM (Institute of Medi intakes for calcium National Academies P 2. Holick MF, Binkley N Evaluation, treatmen deficiency: an Endoc guideline JCEM 201	59.4 s been define society tamin D les ent on to f l between 2 dicine). 20 and D. Wash ress. C, Bischoff t, and prev rine Societ	ined by the practice so than 20 further de 1 and 29 010. Dieta nington Do F-Ferrari vention of ty clinica 0. 1911-30	ng/mL he Institu guideline 0 ng/mL (1 efine vita ng/mL (2) ary refere C: The HA, et al f vitamin al practic	30.0 te of as a ,2). min D nce D e	- 100.0	01
MTHFR	1 Our; 90(, , , , , , , , , , , , , , , , , , , ,	Liber of			
MTHFR, DNA Analysis Result: C677T Single mu	tation (C6 ⁻	77T) iden	tified			03
Interpretation:	ag analyzer	for the	MTHER mut	ations		

This patient's sample was analyzed for the MTHFR mutations C677T and A1298C. A single copy of the C677T mutation was

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	abCorp		Patient R	eport
Patien DOB:	t: Patient ID:	Control ID: 60008109142	Specimen 1D: 016 Date collected: 01/16/2018	-494-0132-0 8 1030 Local
	TESTS	RESULT FLAG	UNITS REFERENCE INTERVAL	LAB
	identified. Result The diagnosis of h testing alone but findings and other levels. Because MT are inherited, gen	s for the A1298C mutation of typerhomocysteinemia can not should take into considerat studies, such as serum hor "HFR mutations and their as netic counseling is recommen	were negative. t rely on DNA tion clinical mocysteine sociated risks nded.	2001 2001
Add	litional Information			03
	Methylenetetrahydr folate pathway and There are two comm (p.Ala222Vall), re referred to as A12 of the variant), h predisposition to folate. Hyperhomod and coronary arter of fetal open neur independently incr hyperhomocysteinem elevated homocyste however, the clini and A1298C is cont variants are not p have been reported for one variant an C677T has an estim in Hispanics. Additional informa Dietary folic acid lower homocysteine has been shown to Genetic counselors results at 1-800-3	ofolate reductase (MTHFR) : is responsible for the met ion variants in the MTHFR ge ferred to as C677T, and c. 98C. Individuals homozygous ave decreased activity of the hyperhomocysteinemia, parts ysteinemia is a risk factor y disease and is associated al tube defects. The C677T ease risk of these condition ia. The A1298C variant is re- ine levels unless a C677T we cal significance of heteros roversial. Population data present on the same chromoso of triple variant MTHFR ge and heterozygous for the other mated frequency of 10% to 19 withon: 1, B6 and B12 supplementation are available for health of are available for health of are available for health of the same available for health of the same available for health of	is a key enzyme in the tabolism of homocysteine. ene, c.655c>T 1286A>C (p.Glu429Ala), s for C677T (two copies the MTHFR enzyme and a icularly when deficient in r for venous thrombosis d with an increased risk variant does not ons in the absence of not associated with variant is also present; zygosity for both C677T suggest that these two ome, but rare exceptions enotypes (ie. homozygous er). Homozygosity for 5% in Caucasians and 25% on has been suggested to lic acid supplementation eural tube defects. care providers to discuss	
	Methodology: DNA analysis of th amplification foll diagnostic sensiti testing is highly rare diagnostic er combined with clir interpretation. This test was deve determined by LabO the Food and Drug References: Botto LD, Yang Q. Eldibany MM, Capri Frosst P et al. Na Hickey SE et al. O Lockwood C et al. Simone B et al. En Chevonne Eversley, Melissa A Hayden,	<pre>MTHFR gene was performed .owed by restriction analys: .vity is >99% for both. Mole accurate, but as in any lal rors may occur. All test : .ical information for the mole eloped and its performance .corp. It has not been clear Administration. Am J Epidemiol 2000; 151(9 .ni JA. Arch Pathol Lab Med at Genet 1995; 10(1):111-11 Jenet Med 2013; 15(2):153-1 Obstet Gynecol 2011; 118(3 ar J Epidemiol 2013; 28(8): , PhD, FACMG PhD, FACMG</pre>	by PCR is. The ecular-based boratory test, results must be ost accurate characteristics ed or approved by):862-877. 2007; 131(6):872-884. 3. 56.):730-740. 621-647.	

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LabCorp						Patient R	eport
Patient: Pat	ient ID:	Contr	ol ID: 60008109142		S Date colle	pecimen ID: 016 cted: 01/16/2010	-494-0132-0 3 1030 Local
TESTS	RE	SULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Suzette M Hu Annette K Ta Alecia Willi Hongli Zhan, Joseph B Kea	guenin, PhD, FAG ylor, M.S., PhD s, PhD, FACMG PhD, FACMG rney, PhD, FACMG	CMG , FACMG G			1.0 una - in		
Trans. Growth Fac The result is approximately healthy popu- that these ra- of apparently health thresholds. *This test way characterists been cleared Administration	t. beta 1* s reported in po y 98 to 400,000 lation is 867-66 anges are obtain ealthy adults an as developed and ics determined h or approved by on.	7007 g/mL. T . The r 662. How ned from nd are r d its p oy Vira the U.	High he assay ran eference ran wever it sho m a limited not diagnos erformance cor Eurofin S. Food and	pg/mL nge is nge for ould be populat tic s. It ha Drug	a noted tion	- 6662	04
Hemoglobin Alc							
Hemoglobin Alc		5.3		010	4.8	- 5.6	01
Please Note:						300000	01
Pre Dial Glyo	-diabetes: 5.7 betes: >6.4 cemic control fo	- 6.4 or adul	ts with dial	betes: <	:7.0		
Thurovine (T4) Fr	a Direct S						
T4,Free(Direct)	be, bileet, b	1.42		ng/dL	0.82	- 1.77	01
Folate (Folic Acie	d), Serum						
Folate (Folic Ac:	id), Serum	10.8		ng/mL	>3	. 0	01
Note:				5,			01
A serum fola considered to	te concentration o represent clin	n of le nical de	ss than 3.1 eficiency.	ng/mL i	S		
CEA		7.5	High	ng/mL	0.0	- 4.7	01
	Roche	ECLIA	methodology	N S	Ionsmokers Smokers	<3.9 <5.6	
CA 19-9		1223	High	TT/mT.	0	- 35	01
Results conf:	irmed on	- C Edu		07 1111	0	55	01
dilution. Roche ECLIA :	methodology						
Galectin-3 Reference ran known heart of	nge of <22.2 ng, lisease.	10.9 /mL app:	lies to popu	ng/mL ulation	<2. without	2.2	02
Galectin-3 i decompensatio	s NOT a marker o on.	of card	iac distres	s or			
Galectin-3 is resulting in	s a marker of fi a more progress	ibrosis sive fo:	and adverse rm of chron:	e remode ic heart	ling		
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Control ID: 60008109142 Control ID: 60008109142 Date collected: 01/16/2018 1030 Local
RESULT FLAG UNITS REFERENCE INTERVAL LAB

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
failure. The BGM Gale	ctin-3 assay	results s	hould be			
interpreted in conjunc	ction with cl	linical ev	aluation	as an		
aid in assessing the r	prognosis of	patients	diagnosed	with		
chronic heart failure		Pactones	aragnobea	11 - 011		
* Galectin-3 levels 1	ogg than or (agual to 1	7 0 ng/mT			
IOWER rick of advarga	ess chan of e	aluding ma	7.8 lig/lill	-		
LOWER FISK OF adverse	ouccomes ind	cluaing mo	rtality o	r		
nospitalization.			s.	1.11.2		
* Galectin-3 levels g:	reater than]	17.8 ng/mL	- HIGHER	risk		
of adverse outcomes in	ncluding mort	cality or	hospitali	zation.		
* Galectin-3 levels be	etween 17.8 r	ng/mL and	25.9 ng/m	Li del telle		
should be interprete	ed with cauti	ion becaus	e these v	alues		
lie within the refe	rence range.					
Additional Considerat:	ions					
- Approximately 30% of	f NYHA class	II/III ou	tpatient			
population were four	nd to have el	levated ga	lectin-3	levels		
1 > 17 8 mg/mI [1]	na co nave ci	covacea ga	1000111 0	101010		
[217.0 Hg/ml/. [1]	is found in	aimilar n	orgontago	a of		
- Elevaled galectin-s	is tound in	Similar p	ercentage	S OL		
patients with systo.	rie dystuneti	ton and pr	eserved e	Jection		
fraction. [1]	12	5				
- Galectin-3 shows mod	dest correlat	cions with	clinical			
variables, including	g Age (slight	ly higher	levels i	n older		
subjects), Gender (v	women have sl	lightly hi	gher valu	es)		
certain co-morbidit:	ies (diabetes	s and atri	al fibril	lation),		
and NYHA classification	tion. [2]					
- Once elevated galect	tin-3 levels	are gener	ally stab	le over		
time. [2]						
- Drugs effective in t	the managemen	nt of pati	ents with	heart		
failure often fail 1	to reduce let	vels of da	lectin-3	and		
calectin_3 levels s	hould not be	used to a	uide ther	anv		
* Caloctin 2 testing	wag cleared b	w the FDA	for use	in.		
" Galeculi-5 testing (a boart fai	by the FDA	[1]	T 1 1		
(1) DG Gelentin 2 Due	IC Heart Lall	ture only.	[T]			
(1) BG Galectin-3 Prod	duct Label	-		77		
(2) de Boer, R; Lok, J	D; Jaarsma, 1	r, et al.	value of	Plasma		
Galectin-3 levels	in Heart Far	ilure with	Reduced	and		
Preserved Ejection	n Fraction. A	Ann Medici	ne, 2011;			
43(1):60-68.						
IGF-1						
Insulin-Like Growth Factor	rI 245	High	ng/mL	75	- 216	02
D-Dimer	3.18	High	mg/L FE	U 0.00	- 0.49	01
According to the assau	v manufacture	er's publi	shed pack	age insert	, a	
normal (<0 50 mg/L FE	II) D-dimer ro	esult in c	onjunctio	n with a n	on-high	
aliniaal probability	aggoggmont	ovaludes d	een wein	thrombogig		
erificar probability	m (DE) with 1	excludes d	tinitu	CIII OILDOSIS	(DVI)	
and purmonary emborro	II (PE) WICH I	ingi sensi	civity.		on of	
D-dimer values increa	se with age a	and this C	an make V	In exclusi		
an older population d	IIIICULT. TO	address t	nis, the	American C	Jilege	
of Physicians, based	on best avai.	Lable evid	ence and	recent gui	lelines,	
recommends that clini	cians use age	e-adjusted	D-dimer	thresholds	ln	
natients greater than	50 years of	age with:	a) a low	probabili	tv of	

patients greater than 50 years of age with: a) a low probability of PE who do not meet all Pulmonary Embolism Rule Out Criteria, or b) in those with intermediate probability of PE. The formula for an

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Patient ID:

Patiente DOB:

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LabCorp				Patient R	eport
Patient DOB: Patient ID:	Contr	ol ID: 60008109	9142	Specimen ID:010 Date collected: 01/16/201	5-494-0132-0 8 1030 Local
TESTS	RESULT	FLAG	UNITS RE	FERENCE INTERVAL	LAB
age-adjusted D-dimer cu patient would have an ag 80 year old 0.80 mg/L F	t-off is "ag ge-adjusted EU.	ge/100". cut-off	For example, of 0.60 mg/L	a 60 year old FEU and an	4
Platelet Count on Citrated B Plt Count, Citrated Bld	1d 219		X10E3/uL	150 - 379	01
C-Reactive Protein, Cardiac Results confirmed on dilution.	84.02	High	mg/L	0.00 - 3.00	01
	Relative R	isk for	Future Cardio Low Average	vascular Event <1.00 1.00 - 3.00	
			HIGU	>3.00	
Interleukin-6, Plasma Results for this test as manufacturer. The performant not been established. I procedure without confis established diagnostic p	13.2 re for researce ormance chas Results show rmation of product or p	High arch pur racteris uld not the diag procedur	pg/mL poses only by tics of this be used as a mosis by anot e.	0.0 - 12.2 the assay's product have diagnostic her medically	02
Homocyst(e)ine, Plasma	7.3		umol/L	0.0 - 15.0	01
LDH	222		IU/L	121 - 224	01
GGT	210	High	IU/L	0 - 65	01
Vitamin B12	759		pg/mL	232 - 1245	01
Ceruloplasmin	41.8	High	mg/dL	16.0 - 31.0	02
Copper, Serum	159		ug/dL Detectio	72 - 166 n Limit = 5	02
Fibrinogen Activity	483		mg/dL	193 - 507	01
Zinc, Plasma or Serum	92		ug/dL Detectio	56 - 134 n Limit = 5	02
Insulin	6.7		uIU/mL	2.6 - 24.9	01
Ferritin, Serum	213		ng/mL	30 - 400	01
Triiodothyronine, Free, Serum	3.2		pg/mL	2.0 - 4.4	01
Magnesium, RBC	6.0		mg/dL	4.2 - 6.8	02
Selenium, Serum/Plasma	146		ug/L	79 - 326	02
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Lab	Corp					Patient Re	port
Patient: DOB: Patient ID:		Control ID: 60008109142			Specimen ID: 016-494-0132-0 Date collected: 01/16/2018 1030 Local		
	TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
	ulo service o	Find A Constant of the	and the second	Detec	tion Limit	= 10	

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 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	SO	LabCorp San Diego	Dir: Jenny Galloway, MD
			13112 Evening Creek Dr So Ste 200, San Diego, CA	
			92128-4108	
	02	BN	LabCorp Burlington	Dir: William F Hancock, MD
			1447 York Court, Burlington, NC 27215-3361	
	03	UY	Esoterix Coagulation Lab	Dir: Brian F. Poirier, MD
			8490 Upland Drive Ste 100, Englewood, CO 80112-7116	
	04	NEWXW	Viracor Eurofins	Dir: Michelle Altrich, PhD
1			1001 NW Technology Drive, Lees Summit, MO 64086-5603	
	F	or inquiries	, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700	

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