

2732 7th Avenue South
Birmingham, AL 35233
Tel: (205)-313-1240
FAX: (205)-313-1250



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Quest
Diagnostics

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name DYESS, JENNIFER		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 10/13/1966	Age: 48	Accession: E745903
Patient Phone:	Patient ID #: DYESSJENNIFER314	Med. Rec. #:	Requisition:
		Collected: 11/10/2014 13:35	Reported: 11/14/2014 11:57
REQUEST		RESULT	UNITS
CULTURE, THROAT		(Final)	SKB
Source: Throat			
NORMAL RESPIRATORY FLORA			
NO GROUP A STREP ISOLATED			
FINAL REPORT			
Testing Locations:			
SKB QUEST DIAGNOSTICS, WILLIAM MILLER, MD LAB DIRECTOR - 1777 MONTREAL CIRCLE TUCKER, GA 30084			
Medical Director: WILLIAM MILLER, M.D. CLIA #: 11D0255931			
DYESS, JENNIFER		Page: 1 (last)	

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			Collected: 11/10/2014 13:35	
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REQUEST

RESULT

UNITS

NORMALS

TEST LOC

CULTURE, THROAT

(Final)

SKB

Source: Throat

NORMAL RESPIRATORY FLORA
NO GROUP A STREP ISOLATED

FINAL REPORT

Testing Locations:

SKB QUEST DIAGNOSTICS, WILLIAM MILLER, MD LAB DIRECTOR - 1777 MONTREAL CIRCLE TUCKER, GA 30084
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REQUEST	RESULT	UNITS	NORMALS	TEST LOC
---------	--------	-------	---------	----------

CULTURE, THROAT	(Final)			SKB
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Source: Throat

NORMAL RESPIRATORY FLORA
NO GROUP A STREP ISOLATED

FINAL REPORT

Testing Locations:

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Diagnostics

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name DYESS, JENNIFER			Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 10/13/1966	Age: 48	Accession: E745680	
Patient Phone:	Patient ID #: DYESSJENNIFER314	Med. Rec. #:	Requisition:	
			Collected: 11/10/2014 13:35	
			Reported: 11/11/2014 05:20	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
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CBC with DIFFERENTIAL			BHAM	
WHITE BLOOD CELL COUNT	12.7	H	K/uL	3.5-11.0
RED BLOOD CELL COUNT	4.50		mil/uL	3.70-5.10
HEMOGLOBIN	12.4		g/dL	11.4-15.0
HEMATOCRIT	37.7		%	33.0-45.0
MCV	83.8		fL	80-98
MCH	27.6		pg	26.0-34.0
MCHC	32.9		g/dL	32.0-36.0
RDW	13.7		%	11.0-15.4
PLATELET COUNT	407	H	K/uL	150-400
SEGMENTED NEUTROPHILS	61.5		%	35.0-75.0
LYMPHOCYTES	28.2		%	17.0-43.0
MONOCYTES	7.6		%	0.0-12.0
EOSINOPHILS	2.1		%	0.0-6.0
BASOPHILS	0.6		%	0.0-2.0

ABNORMAL SUMMARY				
CBC with DIFFERENTIAL				
WHITE BLOOD CELL COUNT	12.7	H	K/uL	3.5-11.0
PLATELET COUNT	407	H	K/uL	150-400

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

FINAL REPORT

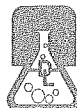
Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240
Medical Director: LOUIS E. BUETTNER, M.D. CLIA #: 01D1015388

*Winn Dixie
Vene-8
272-1510*

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE (800) 342-7552



Medicare No. 65016769LA
CAP No. 28485-01
CLIA No. 11D0646134

PATIENT DYESS, JENNIFER
PHYSICIAN FUENTES
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 05/11/2010 8:40 AM		RECEIVED 05/11/2010 1:58 PM	REPORT DATE 05/13/2010 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099	ORDER NUMBER K7064977	
AGE 43 10/13/1966	SEX F	FASTING YES	ROUTE 9501	PAGE 1
PT ID#:			REQ#:	

Pt Ph:

MRN:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
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CBC

WBC	6.30		4.0-11.7	THOU/CUMM
RBC	4.37		4.2-5.4	MILL/CUMM
HEMOGLOBIN		11.8 (L)	12.5-16.0	GMS
HEMATOCRIT		35.5 (L)	37.0-47.0	%
MCV	81.3		78-99	FL
MCH	27.1		27-31	PG
MCHC	33.3		32.0-36.0	G/DL
RDW		14.8 (H)	11.5-14.0	%
PLATELET COUNT	385		140-440	THOU/CUMM
NEUTROPHILS	68.3		40-75	%
LYMPHOCYTES	25.3		15-45	%
MONOCYTES	4.5		4.0-12.0	%
EOSINOPHILS	1.7		0-6	%
BASOPHILS	0.2		0-2	%
SED RATE (WESTERGREN)	19		0-20	MM/HR
VITAMIN B-12		155 (L)	243-894	PG/ML
COMPREHENSIVE METABOLIC PANEL				
CALCIUM	9.2		8.5-10.8	MG/DL
GLUCOSE	96		70-110	MG/DL
BUN	15		6-24	MG/DL
CREATININE	0.96		0.6-1.20	MG/DL
PROTEIN, TOTAL	7.0		6.4-8.3	GM/DL
ALBUMIN	4.3		3.4-4.8	GM/DL
GLOBULIN	2.7		2.0-3.7	GM/DL
A/G RATIO	1.59		1.0-2.0	
BILIRUBIN, TOTAL	0.2		0-1.0	MG/DL
PHOSPHATASE, ALK.	65		30-120	UNITS/L
AST (SGOT)	11		0-37	UNITS/L
ALT (SGPT)	11		0-40	UNITS/L
SODIUM	144		135-148	MEQ/L
POTASSIUM	4.3		3.5-5.3	MEQ/L
CARBON DIOXIDE		21 (L)	22-30	MEQ/L
CHLORIDE	106		96-110	MEQ/L

THYROID PROFILE 2

T3 (% UPTAKE) 24.0 (L) 27-42 %

REPORT CONTINUED ON NEXT FORM

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE (800) 342-7552



Medicare No. 65016769LA
AP No. 28485-01
CLIA No. 11D0646134

PATIENT DYESS, JENNIFER
PHYSICIAN FUENTES
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 05/11/2010 8:40 AM		RECEIVED 05/11/2010 1:58 PM	REPORT DATE 05/13/2010 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099	ORDER NUMBER K7064977	
AGE 43 10/13/1966	SEX F	FASTING YES	ROUTE 9501	PAGE 2
PT ID#:			REQ#:	

Pt Ph: MRN:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
T4	8.1		4.5-12	MCG/DL
T7	1.9		1.0-3.8	INDEX
TSH	1.53		0.27-4.2	uIU/ML
CALCULATION				
CREATININE, SERUM	0.96		0.60-1.20	MG/DL
GFR, BLACK	77		>60	
GFR, NON-BLACK	63		>60	
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		216 (H)	<200 is desirable Result is borderline high	MG/DL
TRIGLYCERIDES		156 (H)	DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL		36 (L)	40-59	MG/DL
LDL		149 (H)	DESIRABLE RANGES: FOR LOW RISK PTS <100 MG/DL FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	6.0		CHD RISK FEMALE	

			1/2 AVG 3.3	
			AVG 4.4	
			2X AVG 7.1	
			3X AVG 11.0	
LDL/HDL RATIO	4.1		INTERPRETATION: FEMALE	
			RISK LDL/HDL CHOL/HDL	
			1/2AVG 1.47 3.27	
			AVG 3.22 4.44	
			2XAVG 5.03 7.05	
			3XAVG 6.14 11.04	
VITAMIN D (25-HYDROXY)		17.9 (L)	30-100	NG/ML
Suggested Guidelines				
Deficient:	<10 ng/ml			
Insufficient:	10-29 ng/ml			
Sufficient:	30-100 ng/ml			

REPORT CONTINUED ON NEXT FORM

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE (800) 342-7552



Medicare No. 65016769LA
CAP No. 28485-01
CLIA No. 11D0646134

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PHYSICIAN FUENTES
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Pt Ph: MRN:

COLLECTED		RECEIVED	REPORT DATE	
05/11/2010 8:40 AM		05/11/2010 1:58 PM	05/13/2010 6:00 AM	
ROOM #		ACCOUNT NUMBER	ORDER NUMBER	
		436099	K7064977	
AGE	SEX	FASTING	ROUTE	PAGE
43	F	YES	9501	3
PT ID#:			REQ#:	

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
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Potential intoxication: >100 ng/ml

These reference ranges represent clinical decision values that apply to males and females of all ages, rather than population-based reference values. Population reference ranges for 25-OH-VitD vary widely depending on ethnic background, age, geographic location of the studied populations, and the sampling-season. Population-based ranges correlate poorly with serum 25-OH-VitD concentrations that are associated with biologically and clinically relevant vitamin D effects and are therefore of limited clinical value.

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: Bo Hong, M.D., PhD, FCAP

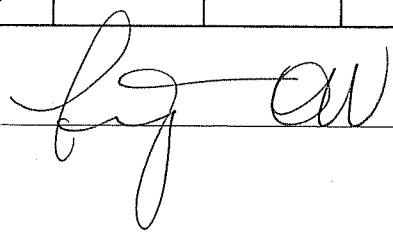
AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Jennifer Dyess DATE 3/12/08

BIRTHDATE _____ LMP _____

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	Neg.	Trace	+1	+2			
Nitrite	Neg.	Pos.					
Protein	Neg.	Trace	+1(30)	+2(100)	+3(500)	(mg/dl)	
Glucose	Normal	50	100	250	500	1000	(mg/dl)
Ketones	Neg.	+1(sml)	+2(mod)	+3(lg)			
Urobilinogen	Normal	1	4	8	12	(mg/dl)	
Bilirubin	Neg.	+1	+2	+3			
Blood	Neg.	5-10	50	250	ery/l		

Staff Signature 

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



Medicare No. 65016769LA
NP No. 28485-01
CLIA No. 11D0646134

PATIENT DYESS, JENNIFER H
PHYSICIAN FUENTES
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 02/26/2008 2:20 PM		RECEIVED 02/27/2008 1:53 AM	REPORT DATE 02/28/2008 9:26 AM	
ROOM #		ACCOUNT NUMBER 436099	ORDER NUMBER M8057344	
AGE 41 10/13/1966	SEX F	FASTING UNKNOWN	ROUTE 9501	PAGE 1

Pt Ph:0

MRN:

PT ID#:NONE GIVEN REQ#:AJ05468

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
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CULTURE, URINE
STATUS

FINAL

RESULTS

GREATER THAN 100,000 COLONIES/MILLILITER OF ISOLATE 1.

SUSCEPTIBILITY REPORT:

ISOLATE NO: 1 ESCHERICHIA COLI

INTERPRETATION: (S=SUSCEPTIBLE M=MOD.SUSCEPT. I=INTERMEDIATE R=RESISTANT)

ISOLATE NO:	1	2	3	4		1	2	3	4		1	2	3	4
AMOX/CLAVUL	S				AMPICILLIN	S				CEPHALOTHIN	S			
CEFAZOLIN	S				CEFOXITIN	S				CEFTAZIDIME	S			
CEFTRIAXONE	S				CEFUROXIME	S				CIPROFLOXACIN	S			
GENTAMICIN	S				LEVOFLOXACIN	S				NITROFURANTOIN	S			
NORFLOXACIN	S				TETRACYCLINE	S				TICARCILLIN	S			
TICAR/CLAVUL	S				TOBRAMYCIN	S				TRIMETH/SULFA	S			

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.

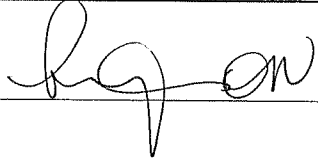
AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Jennifer Dyess DATE 2/26/08

BIRTHDATE _____ LMP _____

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	Neg.	Trace	+1	+2			
Nitrite	Neg.	Pos.					
Protein	Neg.	Trace	+1(30)	+2(100)	+3(500)	(mg/dl)	
Glucose	Normal	50	100	250	500	1000	(mg/dl)
Ketones	Neg.	+1(sml)	+2(mod)	+3(lg)			
Urobilinogen	Normal	1	4	8	12	(mg/dl)	
Bilirubin	Neg.	+1	+2	+3			
Blood	Neg.	5-10	50	250	ery/l		

Staff Signature 

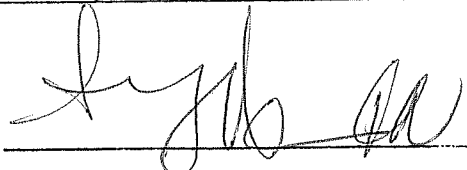
AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Jennifer Dyess DATE 10/13/16

BIRTHDATE 11/7/03

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	neg.	trace	+1	+2			
Nitrite	neg.	pos.					
Protein	neg.	trace	+1 (30)	+2 (100)	+3 (500)	(mg/dl)	
Glucose	normal	50	100	250	500	1000	(mg/dl)
Ketones	neg.	+1 (sml)	+2(mod)	+3 (lg)			
Urobilinogen	normal	1	4	8	12	mg/dl	
Bilirubin	neg.	+1	+2	+3			
Blood	neg.	5 - 10	50	250	ery/ l		

Staff Signature: 

AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Jennigen Pyles DATE 5/2/03
BIRTHDATE _____

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	neg.	trace	+1	+2			
Nitrite	neg.	pos.					
Protein	neg.	trace	+1 (30)	+2 (100)	+3 (500)	(mg/dl)	
Glucose	normal	50	100	250	500	1000	(mg/dl)
Ketones	neg.	+1 (sml)	+2(mod)	+3 (lg)			
Urobilinogen	normal	1	4	8	12	mg/dl	
Bilirubin	neg.	+1	+2	+3			
Blood	neg.	5 - 10	50	250	ery/l		

Staff Signature: JP

AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Jennifer Dyess DATE 4/28/03

BIRTHDATE _____

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	neg.	trace	+1	+2			
Nitrite	neg.	pos.					
Protein	neg.	trace	+1 (30)	+2 (100)	+3 (500)	(mg/dl)	
Glucose	normal	50	100	250	500	1000	(mg/dl)
Ketones	neg.	+1 (sml)	+2(mod)	+3 (lg)			
Urobilinogen	normal	1	4	8	12	mg/dl	
Bilirubin	neg.	+1	+2	+3			
Blood	neg.	5 - 10	50	250	ery/ l		

Staff Signature: _____