



SOLSTAS
LAB PARTNERS

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name HARD, PAUL		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: MALE	Date of Birth: 11/12/1958	Accession: E535243	
Patient Phone:	Patient ID #: HARDPAUL197	Requisition:	
	Med. Rec. #:	Collected: 07/16/2014 16:00	
		Reported: 07/19/2014 08:02	
REQUEST		RESULT	UNITS
NEISSERIA GONORRHOEAE CULTURE		(Final)	BHAM
Source: Throat			
NO GROWTH IN 72 HOURS			
FINAL REPORT			
Testing Locations:			
BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #: 01D1015388			
HARD, PAUL		Page: 1 (last)	



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Patient Name HARD, PAUL			Requesting Physician: FUENTES, MARYLUZ Accession: E535243 Requisition: 07/16/2014 16:00 Collected: 07/18/2014 14:00 Reported:
Sex/Species: MALE	Date of Birth: 11/12/1958	Age: 55	
Patient Phone:	Patient ID #: HARDPAUL197	Med. Rec. #:	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
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NEISSERIA GONORRHOEAE CULTURE	(Preliminary)			BHAM
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Source: Throat

NO GROWTH IN 36 HOURS

PARTIAL REPORT - FINAL TO FOLLOW

Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388



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Patient Name HARD, PAUL		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: MALE	Date of Birth: 11/12/1958	Accession: E535238	
Age: 55		Requisition:	
Patient Phone:	Patient ID #: HARDPAUL197	Collected: 07/16/2014 16:00	
		Reported: 07/18/2014 10:44	
REQUEST		RESULT	UNITS
REQUEST		RESULT	NORMALS
REQUEST		RESULT	TEST LOC
CULTURE, THROAT		(Final)	BHAM
Source: Throat			
MODERATE GROWTH		NORMAL RESPIRATORY FLORA	
		NO GROUP A STREP ISOLATED	
FINAL REPORT			
Testing Locations:			
BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #: 01D1015388			
HARD, PAUL		Page: 1 (last)	



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7461 EAST DRIVE
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Patient Name HARD, PAUL		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: MALE	Date of Birth: 11/12/1958	Age: 55	Accession: E535243
Patient Phone: 	Patient ID #: HARDPAUL197	Med. Rec. #: 	Requisition:
			Collected: 07/16/2014 16:00 Reported: 07/18/2014 08:01
REQUEST	RESULT	UNITS	NORMALS
TEST LOC			
NEISSERIA GONORRHOEAE CULTURE (Preliminary) BHAM			
Source: Throat NO GROWTH IN 18 HOURS			
PARTIAL REPORT - FINAL TO FOLLOW			
Testing Locations: BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388			
HARD, PAUL		Page: 1 (last)	



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Patient Name HARD, PAUL			Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: MALE	Date of Birth: 11/12/1958	Age: 55	Accession: E535121	
Patient Phone:	Patient ID #: HARDPAUL197	Med. Rec. #:	Requisition: 07/16/2014 16:00	
			Collected: 07/19/2014 07:52	
			Reported:	

REQUEST**RESULT****UNITS****NORMALS****TEST LOC**

Amended on: 07/19/2014 07:52

C. TRACHOMATIS/N. GONORRHOEAE, AMPLIFIED DETECTION
CHLAMYDIA TRACHOMATIS, (APTIMA) NEGATIVE

SLN

Performed at Solstas Lab Partners, 4344 Federal Drive, Suite 100,
Greensboro, NC 27410

NEISSERIA GONORRHOEAE, (APTIMA) NEGATIVE

SLN

Normal Reference Range: Negative

Assay performed using the Gen-Probe APTIMA COMBO2 (R) Assay.

Acceptable specimen types for this assay include APTIMA Swabs (Unisex,
endocervical, urethral, or vaginal), first void urine, and ThinPrep
liquid based cytology samples.

Performed at Solstas Lab Partners, 4344 Federal Drive, Suite 100,
Greensboro, NC 27410

FINAL REPORT**Testing Locations:**

BHAM	SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH	BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388
SLN	SOLSTAS LAB PARTNERS - MAIN - 4380 FEDERAL DRIVE SUITE 100	GREENSBORO, NC 27410 CLIA #:34D0932172



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7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name HARD, PAUL			Requesting Physician: FUENTES, MARYLUZ
Sex/Species: MALE	Date of Birth: 11/12/1958	Age: 54	Accession: E023515
Patient Phone:	Patient ID #: HARDPAUL297	Med. Rec. #:	Requisition: 10/24/2013 15:39
			Collected: 10/25/2013 04:31
			Reported:

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
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CBC with DIFFERENTIAL				BHAM
WHITE BLOOD CELL COUNT	10.5	K/uL	3.5-11.0	
RED BLOOD CELL COUNT	4.47	mil/uL	4.30-5.70	
HEMOGLOBIN	13.9 L	g/dL	14.0-17.0	
HEMATOCRIT	40.8 L	%	41.0-51.0	
MCV	91.3	fL	80-98	
MCH	31.1	pg	26.0-34.0	
MCHC	34.1	g/dL	32.0-36.0	
RDW	13.8	%	11.0-15.4	
PLATELET COUNT	213	K/uL	150-400	
SEGMENTED NEUTROPHILS	77.2 H	%	35.0-75.0	
LYMPHOCYTES	12.4 L	%	17.0-43.0	
MONOCYTES	9.8	%	0.0-12.0	
EOSINOPHILS	0.4	%	0.0-6.0	
BASOPHILS	0.2	%	0.0-2.0	

ABNORMAL SUMMARY

CBC with DIFFERENTIAL				
HEMOGLOBIN	13.9	L	g/dL	14.0-17.0
HEMATOCRIT	40.8	L	%	41.0-51.0
SEGMENTED NEUTROPHILS	77.2	H	%	35.0-75.0
LYMPHOCYTES	12.4	L	%	17.0-43.0

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 CLIA #:01D1015388

HARD, PAUL

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DOCTORS LABORATORY, INC.

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



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

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

COLLECTED 10/05/2010 2:30 PM		RECEIVED 10/05/2010 5:39 PM		REPORT DATE 10/06/2010 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099		ORDER NUMBER K7178299	
AGE 51 11/12/1958	SEX M	FASTING UNKNOWN		ROUTE 9501	PAGE 1
PT ID#:				REQ#:	

Pt Ph: MRN:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
CBC WITH AUTO DIFF				
WBC	10.40		4.0-11.7	THOU/CUMM
RBC		4.48 (L)	4.7-6.0	MILL/CUMM
HEMOGLOBIN	14.6		13.5-18.0	GMS
HEMATOCRIT		41.2 (L)	42.0-52.0	%
MCV	92.1		78-99	FL
MCH		32.7 (H)	27-31	PG
MCHC	35.5		32.0-36.0	G/DL
RDW	12.6		11.5-14.0	%
PLATELET COUNT	199		140-440	THOU/CUMM
NEUTROPHILS	65.8		40-75	%
LYMPHOCYTES	22.0		15-45	%
MONOCYTES	10.0		4.0-12.0	%
EOSINOPHILS	1.3		0-6	%
BASOPHILS	0.9		0-2	%

CMS NOTIFICATION:

CBC ORDERS MUST SPECIFY WITH OR WITHOUT DIFFERENTIAL.
IF NOT SPECIFIED, WE MUST CONTACT YOU FOR CLARIFICATION.
IF UNABLE TO OBTAIN CLARIFICATION, TEST WITHOUT DIFF WILL BE PERFORMED.

MONO TEST NEGATIVE NEGATIVE

*** FINAL REPORT ***

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