



Alabama Department of Public Health
Bureau of Clinical Laboratories

Montgomery Laboratory
P.O. Box 244018
Montgomery, AL 36124-4018
(334) 260-3400

Mobile Laboratory
757 Museum Drive
Mobile, AL 36608
(251) 344-6049

www.adph.org/bcl

Report To PRIMARY CONTACT
AUM NURSING CARE CENTER
IRMA B. MOORE HALL RM.102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023
USA

Patient Information

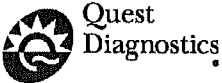
Name	ASHANTI S NETTLES PO BOX 244024 #165 Montgomery, AL 36117	SSN	419-45-1821
		Date of Birth	2/7/1996
		Gender	Female
		Race	Black or African American
		Ethnicity	Not Hispanic
County of Residence	Montgomery	LIMS Patient ID	X1373399

Sample Information

Sample ID (MRN)	NETTLES	Date Collected	4/22/2015
Lab ID	M1504018140-01	Date Received	4/23/2015 06:56 AM
Chain of Custody		Date Reported	4/30/2015 05:01 PM
Specimen Source	Urine	Performing Facility	Montgomery Lab
NPI Provider's First Name?	CAROL		
NPI Provider's Last Name?	STEWART		
Bill To	08		
Comments	The performance of Oral and Rectal Swabs are not FDA approved, but have been validated by the BCL on specimens for Chlamydia Trachomatis and Neisseria Gonorrhoeae testing from patients attending STD and Adult Health Clinics. The Oral and Rectal Swabs have NOT been validated by the BCL for Trichomonas Vaginalis testing. The Aptima Trichomonas Vaginalis Assay has not been approved for testing on male patients by the FDA, but has been validated by the BCL on specimens from male patients attending STD and Adult Health Clinics.		

Test/Observation	Result	Method / Ref Range
-- SEROLOGY CT-GC -- Chlamydia Trachomatis	NONREACTIVE	Gen-probe APTIMA Combo 2 Assay
Neisseria Gonorrhoeae	NONREACTIVE	Gen-probe APTIMA Combo 2 Assay
-- SEROLOGY TV -- Trichomonas Vaginalis	NONREACTIVE	Gen-probe APTIMA Assay

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



AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name NETTLES, ASHANTIS			Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 02/07/1996	Age: 19	Accession: F010727	
Patient Phone:	Patient ID #: NETTLESASHANTI112	Med. Rec. #:	Requisition: 04/22/2015 11:00	
			Collected: 04/23/2015 05:22	
			Reported:	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
CBC without DIFFERENTIAL				BHAM
WHITE BLOOD CELL COUNT	9.7	K/uL	3.5-11.0	
RED BLOOD CELL COUNT	4.60	mil/uL	3.70-5.10	
HEMOGLOBIN	12.5	g/dL	11.4-15.0	
HEMATOCRIT	37.3	%	33.0-45.0	
MCV	81.1	fL	80-98	
MCH	27.2	pg	26.0-34.0	
MCHC	33.5	g/dL	32.0-36.0	
RDW	13.1	%	11.0-15.4	
PLATELET COUNT	277	K/uL	150-400	
VITAMIN D,25-HYDROXY				BHAM
	17.5	L	ng/mL	
			Deficiency	<10
			Insufficiency	10-30
			Sufficiency	30-100
			Toxicity	>100

ABNORMAL SUMMARY				
VITAMIN D, 25-HYDROXY	17.5	L	ng/mL	
			Deficiency	<10
			Insufficiency	10-30
			Sufficiency	30-100
			Toxicity	>100

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

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was sent
At 1



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AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name		Requesting Physician:	
NETTLES, ASHUNTIS		FUENTES, MARYLUZ	
Sex/Species:	Date of Birth:	Accession:	
FEMALE	02/07/1996	E697822	
Patient Phone:	Patient ID #:	Requisition:	
	NETTLESASHUNT287	Collected:	10/14/2014 15:10
		Reported:	10/15/2014 09:17

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
T4, TOTAL	8.5	ug/dL	5.0-12.5	BHAM
T3 UPTAKE	38 H	%	23-37	BHAM
TSH (THIRD GENERATION)	1.136	uIU/mL	0.35-4.50	BHAM
CBC with DIFFERENTIAL				BHAM
WHITE BLOOD CELL COUNT	9.7	K/uL	3.5-11.0	
RED BLOOD CELL COUNT	4.64	mil/uL	3.70-5.10	
HEMOGLOBIN	12.4	g/dL	11.4-15.0	
HEMATOCRIT	37.4	%	33.0-45.0	
MCV	80.6	fL	80-98	
MCH	26.7	pg	26.0-34.0	
MCHC	33.2	g/dL	32.0-36.0	
RDW	13.8	%	11.0-15.4	
PLATELET COUNT	261	K/uL	150-400	
SEGMENTED NEUTROPHILS	70.7	%	35.0-75.0	
LYMPHOCYTES	22.9	%	17.0-43.0	
MONOCYTES	5.3	%	0.0-12.0	
EOSINOPHILS	0.9	%	0.0-6.0	
BASOPHILS	0.2	%	0.0-2.0	
VITAMIN D, 25-HYDROXY	15.3 L	ng/mL		BHAM
			Deficiency <10	
			Insufficiency 10-30	
			Sufficiency 30-100	
			Toxicity >100	

CONTINUED....

NETTLES, ASHUNTIS

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7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name NETTLES, ASHUNTIS			Requesting Physician: FUENTES, MARYLUZ
Sex/Species: FEMALE	Date of Birth: 02/07/1996	Age: 18	Accession: E697822
Patient Phone:	Patient ID #: NETTLESASHUNT287	Med. Rec. #:	Requisition: 10/14/2014 15:10
			Collected: 10/15/2014 09:17
			Reported:

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
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ABNORMAL SUMMARY				
T3 UPTAKE	38	H	%	23-37
VITAMIN D, 25-HYDROXY	15.3	L	ng/mL	
			Deficiency	<10
			Insufficiency	10-30
			Sufficiency	30-100
			Toxicity	>100

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



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MONTGOMERY, AL 36117

Patient Name NETTLES, ASHUNTIS		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 02/07/1996	Age: 18	Accession: E697822
Patient Phone:	Patient ID #: NETTLESASHUNT287	Med. Rec. #:	Requisition: 10/14/2014 15:10
			Collected: 10/15/2014 08:01
			Reported:

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
T4, TOTAL	8.5	ug/dL	5.0-12.5	BHAM
T3 UPTAKE	38 H	%	23-37	BHAM
TSH (THIRD GENERATION)	1.136	uIU/mL	0.35-4.50	BHAM
CBC with DIFFERENTIAL				BHAM
WHITE BLOOD CELL COUNT	9.7	K/uL	3.5-11.0	
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RDW	13.8	%	11.0-15.4	
PLATELET COUNT	261	K/uL	150-400	
SEGMENTED NEUTROPHILS	70.7	%	35.0-75.0	
LYMPHOCYTES	22.9	%	17.0-43.0	
MONOCYTES	5.3	%	0.0-12.0	
EOSINOPHILS	0.9	%	0.0-6.0	
BASOPHILS	0.2	%	0.0-2.0	
VITAMIN D, 25-HYDROXY	PENDING			BHAM

ABNORMAL SUMMARY

T3 UPTAKE38H%23-37

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PARTIAL REPORT - FINAL TO FOLLOW

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

NETTLES, ASHUNTISPage: 1 (last)