

954/748.5022



LABORATORY REPORT

00025... 954-934-5400  
QUEST DIAGNOSTICS  
3000 SHILOH ROAD  
MOUNTAIN VIEW, GA 30151

Patient Name	Accession No.	Test No.	Collection Date & Time	Report Date & Time
ALFONSO, ROBERT	422447852		12/15/2002 15:45	12/15/2002 04:00
Requestor No.	Accession No.	Test No.	Collection Date & Time	Report Date & Time
0000067	422447852		12/15/2002 15:45	12/15/2002 04:00

SS#: [REDACTED]

Report Status	Test	Units	Reference Range	Site Code
FINAL				AT

PATIENT DATE OF BIRTH: [REDACTED] 1960

35645RAT=*				AT
HCV RNA, QUANTITATIVE				
REAL TIME PCR	5835 H	COPIES/ML	<135	
HCV RNA, QUANTITATIVE				
REAL TIME PCR	2056 H	IU/ML	<50	

THIS TEST WAS DEVELOPED AND ITS PERFORMANCE CHARACTERISTICS DETERMINED BY QUEST DIAGNOSTICS. IT HAS NOT BEEN CLEARED OR APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION. THE FDA HAS DETERMINED THAT SUCH CLEARANCE OR APPROVAL IS NOT NECESSARY. PERFORMANCE CHARACTERISTICS REFER TO THE ANALYTICAL PERFORMANCE OF THE TEST.

'AT' Indicates testing site: QUEST DIAGNOSTICS-ATLANTA  
1777 MONTREAL CIRCLE  
TUCKER GA 30084  
(770) 934-9205  
WILLIAM M MILLER, MD

>> END OF REPORT <<

Copy Dr. Lanet  
Copy Ms. Alvar

DATE 12-16-02  
 INFORM PT.  
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 FILE IN CHART

80025771 954-982-8730  
 STANLEY, STANLEY MD  
 1875 WILSON AVENUE  
 HOLLYWOOD, FL 33021



LABORATORY REPORT

Patient Name STANLEY, STANLEY	Room No.	Age	Sex	Physician
Requester No. 0000066	Accession No. ME5487501	Collection Date & Time 12/05/2002 25:45	Report Date & Time 12/05/2002 04:00	

SS#: [REDACTED]

Report Status	Result	Units	Reference Range	Site Code
FINAL				
PATIENT DATE OF BIRTH: [REDACTED]/1960				
<b>HEPATIC FUNCTION PANEL</b>				
PROTEIN, TOTAL	6.9	G/DL	6.0-8.3	MI
ALBUMIN	4.3	G/DL	3.5-4.9	
GLOBULIN	2.6	G/DL (CALC)	2.2-4.2	
ALBUMIN/GLOBULIN RATIO	1.7	(CALC)	0.8-2.0	
BILIRUBIN, TOTAL	0.4	MG/DL	0.2-1.5	
BILIRUBIN, DIRECT	0.1	MG/DL	0.0-0.3	
BILIRUBIN, INDIRECT	0.3	MG/DL (CALC)	0.0-1.5	
ALPHALINE PHOSPHATASE	46	U/L	20-125	
AST	20	U/L	2-50	
ALT	20	U/L	2-60	

'MI' Indicates testing site: QUEST DIAGNOSTICS-MIAMI  
 MIRAMAR PARK OF COM  
 10200 COMMERCE PARKWAY  
 MIRAMAR FL 33025  
 954-433-8730

>> END OF REPORT <<

*Copy Dr. Cant  
 Copy Mr. Alvarez*

DATE 12-6-02  
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00025771

954-981-8481



LABORATORY REPORT

SINCLAIR, STANLEY MD  
3872 SHERIDAN STREET  
HOLLYWOOD FL 33021

Patient Name <b>ALVARO, KELLY</b>	Patient ID/Access ID	Room No.	Age <b>42</b>	Sex	Physician <b>SINCLAIR, STANLEY</b>	
Page <b>1</b>	Regulation No. <b>4231632</b>	Accession No. <b>MX355214E</b>	Lab Ref No.	Collection Date & Time <b>08/30/2002 5:10</b>	Log In Date <b>08/31/2002</b>	Report Date & Time <b>09/04/2002 04:00</b>

Remarks

SS#: XXXXXXXXXX

Report Status	Result	Units	Reference Range	Site Code
<b>FINAL</b>				
PATIENT DATE OF BIRTH: <span style="background-color: red; color: red;">XXXXXXXXXX</span> 1960				
<b>HEPATITIS C VIRAL RNA, QUANTITATIVE bDNA</b>				
HCV RNA, QUANT, BDNA	1788000 H	IU/ML	Reference Range: LESS THAN 615	EZ
HCV RNA, QUANT, BDNA	9298000 H	COPIES/ML	Reference Range: LESS THAN 3200	
Range: 615 to 7,700,000 IU/mL or 3,200 to 40,000,000 copies/mL.				
Converting units: 1 IU/mL (Version 3.0) is approximately equal to 6.3 Eq/mL (Version 2.0) 1 IU/mL (Version 3.0) is approximately equal to 5.2 Copies/mL (Version 3.0)				
This test was developed and its performance characteristics determined by Quest Diagnostics' Nichols Institute. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.				
'EZ' Indicates testing site: QUEST DIAGNOSTICS - NICHOLS INSTITUTE 33608 ORTEGA HWY SAN JUAN CAPISTRAN CA 92690 (800) 553-5445 DA FISHER MD; RE REITZ MD				
>> END OF REPORT <<				

DATE 9-4-02  
 INFORM PT.  
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00025771 954-881-8481  
 SINCLAIR, STANLEY MD  
 3872 SHERIDAN STREET  
 HOLLYWOOD FL 33021



LABORATORY REPORT

Patient Name <b>ADVANO, KELLY</b> 558-927-3892	Patient ID/Account ID <b>523110388</b>	Room No.	Age <b>42</b>	Sex <b>F</b>	Physician <b>SINCLAIR, STANLEY MD</b>	
Page <b>1</b>	Regulation No. <b>8516080</b>	Accession No. <b>MI175339H</b>	Lab Ref. No. <b>8516080</b>	Collection Date & Time <b>08/16/2002 15:26</b>	Log-in Date <b>08/16/2002</b>	Report Date & Time <b>08/26/2002 15:00</b>

Remarks

SS#: XXXXXXXXXX

Report Status	Result	Units	Reference Range	Site Code								
<b>FINAL</b>												
PATIENT DATE OF BIRTH: <span style="background-color: black; color: black;">XXXXXX</span> /1960												
<b>HEPATIC FUNCTION PANEL</b>												
PROTEIN, TOTAL	6.9	G/DL	6.0-8.3	MI								
ALBUMIN	4.4	G/DL	3.5-4.9									
GLOBULIN	2.5	G/DL (CALC)	2.2-4.2									
ALBUMIN/GLOBULIN RATIO	1.8	(CALC)	0.8-2.0									
BILIRUBIN, TOTAL	0.2	MG/DL	0.2-1.3									
BILIRUBIN, DIRECT	0.1	MG/DL	0.0-0.3									
BILIRUBIN, INDIRECT	0.1	MG/DL (CALC)	0.0-1.3									
ALKALINE PHOSPHATASE	47	U/L	20-125									
AST	41 H	U/L	2-35									
ALT	65 H	U/L	2-40									
HEPATITIS B SURFACE ANTIBODY QL	REACTIVE		NON-REACTIVE	QDB								
HEPATITIS A AB, TOTAL	NON-REACTIVE		NON-REACTIVE	QDB								
THIS TEST DETECTS TOTAL ANTIBODIES TO HEPATITIS A, AND DOES NOT DIFFERENTIATE BETWEEN IGG AND IGM.												
HEPATITIS C ANTIBODY	REACTIVE		NON-REACTIVE	QDB								
THE CDC (MMWR 10/16/98) RECOMMENDS FURTHER EVALUATION OF PATIENTS WITH REACTIVE HCV EIA SCREEN RESULTS BY EITHER: (1) DETECTION OF VIREMIA BY AN HCV METHOD OR (2) HCV RIBA.												
<i>I spoke with her</i>												
<b>TEST AUTHORIZATION</b>												
TEST NAME:	HEP B SURF AB QL/HEP A TOTAL AB/HEPATIC F PANEL			MI								
TEST CODE:	499/10256/508											
CLIENT CONTACT:	LAURA											
THE LABORATORY TESTING ON THIS PATIENT WAS VERBALLY REQUESTED OR CONFIRMED BY THE ORDERING PHYSICIAN OR HIS OR HER AUTHORIZED REPRESENTATIVE AFTER CONTACT WITH AN EMPLOYEE OF QUEST DIAGNOSTICS. FEDERAL REGULATIONS REQUIRE THAT WE MAINTAIN ON FILE WRITTEN AUTHORIZATION FOR ALL LABORATORY TESTING. ACCORDINGLY WE ARE ASKING THAT THE ORDERING PHYSICIAN OR HIS OR HER AUTHORIZED REPRESENTATIVE SIGN A COPY OF THIS REPORT AND PROMPTLY RETURN IT TO THE CLIENT SERVICE REPRESENTATIVE.												
SIGNATURE:	<i>Laura McDonald</i>											
<table border="1"> <tr> <td>DATE</td> <td>8/20/02</td> </tr> <tr> <td><input type="checkbox"/> INFORM PT.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> COPY FOR</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> FILE IN CHART</td> <td></td> </tr> </table>					DATE	8/20/02	<input type="checkbox"/> INFORM PT.		<input type="checkbox"/> COPY FOR		<input checked="" type="checkbox"/> FILE IN CHART	
DATE	8/20/02											
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<input type="checkbox"/> COPY FOR												
<input checked="" type="checkbox"/> FILE IN CHART												
<b>URINALYSIS, REFLEX</b>				MI								
COLOR	YELLOW		YELLOW									
APPEARANCE	CLEAR		CLEAR									
SPECIFIC GRAVITY	1.010		1.001-1.035									

