

To: Patricia

B Robert Mozayeni MD P C

Specimen#	Type	Primary Lab	Report Status
298-137-2038-0	R	BN	Final
Additional Information			
TIME 1620			
DOB: 09/07/70			
FASTING			
Patient Name	000-000-0000	Sex	Age (Yr/Mo)
MITCHELL, JASON		M	041.01
Pat. Addr:	11109 YOUNGTREE CT		
	COLUMBIA, MD 21044-2715		
Date Collected	Date Entered	Date Reported	
10/25/11	10/26/11	10/28/11	INQY

**LabCorp**  
Laboratory Corporation of America

XT 01  
Clinical Information

1/31/2012 2:42ET

Physician ID	Patient ID	TVOL
MOZAYENI		0000
Account	B ROBERT MOZAYENI MD P C 19586515	
	6000 EXECUTIVE BLVD STE 304 00	
	ROCKVILLE, MD 20852- 00	
	240-221-0000 VAA	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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T4+TSH+T4F+T3Free					
TSH	2.390		uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	8.4		ug/dL	4.5 - 12.0	01
T4,Free(Direct)	1.21		ng/dL	0.82 - 1.77	01
Triiodothyronine,Free,Serum	3.3		pg/mL	2.0 - 4.4	01
Reverse T3	156		pg/mL	90 - 350	01
**Effective January 23, 2012 Reverse T3 will be made** non-orderable. LabCorp will offer order code 070104 Reverse T3, Serum.					

01 BN LABCORP BURLINGTON DIR: WILLIAM F HANCOCK, MD  
1447 YORK COURT,BURLINGTON, NC 27215-3361

DIRECTOR: WILLIAM F HANCOCK, MD  
For inquiries, the physician may contact BRANCH: 800-859-2553 LAB: 800-762-4344

Last Page of Report