



LabCorp San Diego
 13112 Evening Creek Dr So Ste 200
 San Diego, CA 92128

Phone: 858-668-3700

Specimen Number 263-253-6431-0		Patient ID		Control Number 60048602812	Account Number [REDACTED]	Account Phone Number [REDACTED]	Route 00
Patient Last Name WHEELER				Account Address All American EFX 4500 Easton Drive Bakersfield CA 93309			
Patient First Name KENNETH		Patient Middle Name					
Patient SS#	Patient Phone [REDACTED]		Total Volume				
Age (Y/M/D) 43/00/27	Date of Birth 08/23/65	Sex M	Fasting No				
Patient Address				Additional Information UPIN: 4R0581			
Date and Time Collected 09/19/08 15:24	Date Entered 09/20/08	Date and Time Reported 09/29/08 20:08ET	Physician Name BEESON, M	NPI 1669579231	Physician ID		

Tests Ordered
 Anabolic Steroids; Creatinine, Serum; AST (SGOT); C-Reactive Protein, Quant; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Anabolic Steroids					
Steroid Drug Analysis	Negative				01
Testosterone/Epitestosterone	1.7			0.0 - 6.0	01
pH	5.0			5.0 - 8.0	01
Specific Gravity	1.016				01
Creatinine, Urine	143.6		mg/dL		01
Comment	The following anabolic steroids and/or metabolites are included in a steroid screen:				02

Bolasterone, Boldenone, 4-Chlorotestosterone, Danazol, Dehydrochloro-methyltestosterone, Dromostanolone, Fluoxymesterone, Mestanolone, Mesterolome, Methandienone, Methandriol, Methenolone, Methyltestosterone, Norethadrolone, 19-Nortestosterone, Oxandrolone, Oxymestotone, Oxymetholone, Stanozolol, Probenecid (Diuretic)

Comment Specimen Acceptability Criteria: 02

Analyte	Minimum Acceptable Concentration
Creatinine	20 mg/dL
Specific Gravity	1.005

Creatinine, Serum					
Creatinine, Serum	1.85	High	mg/dL	0.76 - 1.27	02
Glom Filt Rate, Est	40	Low	mL/min/1.73	60 - 137	
If African-American	48	Low	mL/min/1.73	60 - 137	

Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m² defines CKD. Patients with eGFR values >/-60 mL/min/1.73 m² may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.

WHEELER, KENNETH	263-253-6431-0	Seq # 0082
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FINAL REPORT



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Patient Name					Specimen Number		
WHEELER, KENNETH					263-253-6431-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
[REDACTED]		60048602812	09/19/08 15:24	09/29/08	M	43/00/27	08/23/65

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
AST (SGOT)	41	High	IU/L	0 - 40	02
C-Reactive Protein, Quant	<0.3		mg/L	0.0 - 4.9	02

01	W9	University of Virginia Hosp 112 11th Street, Charlottesville, VA 22903	Dir: Michael Wills, MD
02	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128	Dir: Kelli Hanson, MD
For inquiries, the physician may contact Branch: 406-443-1700 Lab: 858-668-3700			

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FINAL REPORT