



LabCorp Dallas
7777 Forest Lane Suite 350C
Dallas, TX 75230

Phone: 972-566-7500

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route	
Patient Last Name			Account Address			
Patient First Name		Patient Middle Name		About Your Body, Inc. www.aboutyourbody.net 574-825-1661		
Patient SS#	Patient Phone	Total Volume				
Age (Y/M/D)	Date of Birth	Sex	Fasting			
Patient Address			Additional Information			
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID	

CD4/CD8 Ratio Profile;		Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CD4/CD8 Ratio Profile					
Absolute CD 4 Helper	801		/uL	359 - 1519	
% CD 4 Pos. Lymph.	47.1		%	30.8 - 58.5	01
Abs. CD 8 Suppressor	349		/uL	109 - 897	
% CD 8 Pos. Lymph.	20.5		%	12.0 - 35.5	01
CD4/CD8 Ratio	2.30			0.92 - 3.72	
WBC	3.1	Low	x10E3/uL	4.0 - 10.5	01
RBC	4.71		x10E6/uL	3.80 - 5.10	01
Hemoglobin	14.2		g/dL	11.5 - 15.0	01
Hematocrit	43.6		%	34.0 - 44.0	01
MCV	93		fL	80 - 98	01
MCH	30.1		pg	27.0 - 34.0	01
MCHC	32.6		g/dL	32.0 - 36.0	01
RDW	13.3		%	11.7 - 15.0	01
Platelets	207		x10E3/uL	140 - 415	01
Neutrophils	29	Low	%	40 - 74	01
Lymphs	53	High	%	14 - 46	01
Monocytes	11		%	4 - 13	01
Eos	5		%	0 - 7	01
Basos	2		%	0 - 3	01
Neutrophils (Absolute)	0.9	Low	x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.7		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.3		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	0 - 2	01
Please note reference interval change					
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Hematology Comments:	Note:				01
Verified by microscopic examination.					

			Seq #
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FINAL REPORT

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