

To: [REDACTED]

Bee Caves Family Practice



Specimen#	Type	Primary Lab	Report Status
243-335-0121-0	R	HD	Final
Additional Information			
TIME 1030			
DOB: 02/24/67			
FASTING			
Patient Name	000-000-0000	Sex	Age (Yr/Mo)
MERITS	GERALD	M	043.06
Pat. Addr:	[REDACTED]		
Date Collected	Date Entered	Date Reported	INQY
08/31/10	08/31/10	09/01/10	

Clinical Information		
9/23/2010 11:48ET		
Physician ID	Patient ID	TVOL
FREELAND		0000
Account		
BEE CAVES FAMILY PRACTICE		42248565
		00
1008 RANCH RD 620 SOUTH STE 20		00
AUSTIN, TX 78734-		
512-263-9072 TXA		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Testosterone, Serum					
Testosterone, Serum	688		ng/dL	280 - 800	01
Sex Horm Binding Glob, Serum	16.2		nmol/L	14.5 - 48.4	01

01 HD LABCORP HOUSTON DIR: PAMELA D HOLDER, MD
 7207 NORTH GESSNER, HOUSTON, TX 77040-3143

For inquiries, the physician may contact BRANCH: 713-856-8288 LAB: 713-856-8288

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MERITS GERALD

9/24/2010

REPORT

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