

FINAL REPORT

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PACIFIC TOXICOLOGY LABORATORIES
 9348 De Soto Avenue, Chatsworth, CA 91311
 (818) 598-3110 (800) 23-TOXIC (800) 32-TOXIC

Client Name & Number	Patient Name	Age Sex
999999	SAMPLE REPORT	
TEST NAME	111-22-3333	64 M
ADDRESS1		
ADDRESS2	Date Recv. Date Drawn Date Rept. Accession	
ADDRESS3	05/01/98 04/30/1998 05/01/1998 Z2004377	

BATCH: 0

MEDICAL DIRECTOR: O.D. STINSON, M.D.

CH=CRITICAL HIGH CL=CRITICAL LOW

ORDERED PROCEDURES:

HEALTH SCREENING PANEL #2
 CADMIUM EXPOSURE PANEL (OSHA)

PROCEDURE NAME	RESULT	UNITS	REFERENCE RANGE	DET LIMIT
HEALTH SCREENING PANEL #2				
CHEMISTRY PANEL				
SODIUM	139	mmol/l	135-145	
POTASSIUM	4.9	mmol/l	3.6-5.0	
CHLORIDE	104	mmol/l	101-111	
CARBON DIOXIDE (CO2)	24	mmol/l	21-31	
GLUCOSE	105	mg/dl	70-110	
BUN	15	mg/dl	6-20	
CREATININE	0.9	mg/dl	0.5-1.2	
BUN/CREATININE RATIO	16.7			
URIC ACID	5.9	mg/dl	2.6-7.2	
CALCIUM	9.4	mg/dl	8.5-10.5	
PHOSPHORUS	3.6	mg/dl	2.5-4.6	
DIRECT BILIRUBIN	0.0	mg/dl	0.0-0.2	
TOTAL BILIRUBIN	0.7	mg/dl	0.2-1.5	
TOTAL PROTEIN	6.8	g/dl	6.7-8.2	
ALBUMIN	4.4	g/dl	3.2-5.5	
GLOBULIN	2.4	g/dl		
ALBUMIN/GLOBULIN RATIO	1.8			
gamma-GLUTAMYL TRANSFERASE	12	IU/L	7-64	
ALT (SGPT)	19	IU/L	10-60	
AST (SGOT)	17	IU/L	10-42	
ALKALINE PHOSPHATASE	59	IU/L	42-121	
LDH	135	IU/L	91-180	
CPK	201	IU/L	22-269	
TRIGLYCERIDES	125	mg/dl	< 200	
CHOLESTEROL	197	mg/dl	140-199	
HDL CHOLESTEROL	40	mg/dl	> 30	
CBC				
WBC	6.4	x thousand	4.8-10.8	
RBC	5.0	x million	4.7-6.1	
HEMOGLOBIN	15.0	g/dl	14.0-18.0	
HEMATOCRIT	44.6	%	42.0-52.0	
MCV	90	fl	80.0-100.0	

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Client Name & Number 999999	Patient Name SAMPLE REPORT	Age Sex 64 M
TEST NAME ADDRESS1	111-22-3333	
ADDRESS2 ADDRESS3	Date Recv. Date Drawn Date Rept. Accession 05/01/98 04/30/1998 05/01/1998 Z2004377	

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PROCEDURE NAME	RESULT	UNITS	REFERENCE RANGE	DET LIMIT
MCH	30	pg	27.0-33.0	
MCHC	34	g/dl	30.0-36.0	
PLATELET COUNT	197	x thousand	130-400	
NEUTROPHILS	61.9	%	42.0-72.0	
LYMPHOCYTES	25.3	%	17.0-45.0	
MONOCYTES	7.3	%	3.0-10.0	
EOSINOPHILS	0.8 L	%	1.0-10.0	
BASOPHILS	1.5	%	0.0-2.0	
LARGE UNSTAINED CELLS	1.5	%	1.0-5.0	
RBC MORPHOLOGY	NORMOCYTIC, NORMOCHROMIC			
URINALYSIS				
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.020		1.010-1.030	
GLUCOSE (URINE)	NEGATIVE	mg/dl	NEGATIVE	
BILIRUBIN (URINE)	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE	mg/dl	NEGATIVE	
BLOOD	NEGATIVE		NEGATIVE	
pH	6.0			
ALBUMIN (URINE)	NEGATIVE	mg/dl	NEGATIVE	
UROBILINOGEN	0.2	E.U./dl	0.2-1.0	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
EPITHELIAL CELLS	NONE SEEN	per hpf	NONE SEEN	
RENAL CELLS	NONE SEEN	per hpf	NONE SEEN	
WBC	NONE SEEN	per hpf	0-2	
RBC	NONE SEEN	per hpf	0-2	
CASTS	NONE SEEN	per lpf		
CRYSTALS	NONE SEEN	per lpf		
AMORPHOUS SEDIMENT	NONE SEEN	per hpf		
MUCOUS THREADS	NONE SEEN	per lpf		
BACTERIA	NONE SEEN	per hpf	NONE SEEN	
CADMIUM EXPOSURE PANEL (OSHA)				
CADMIUM (BLOOD)	< 0.5	mcg/l	< 5.0 (*)	0.5
CADMIUM (URINE)				
CADMIUM URINE (uncorrected)	< 0.5	mcg/l		0.5
BETA-2 MICROGLOBULIN (URINE)				
BETA-2 MICROGLOBULIN (uncorrected)	86	mcg/l		2

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PROCEDURE NAME	RESULT	UNITS	REFERENCE RANGE	DET LIMIT
B-2 MICROGLOB. (corrected for cr)	55	mcg/g cr	< 300 (*)	

NOTE ON CADMIUM EXPOSURE PANEL:

(*) INTERPRETIVE GUIDELINES

OSHA cadmium standard defines specific actions for

1. blood cadmium levels above 5 mcg/l, or
2. urine cadmium levels above 3 mcg/g creatinine, or
3. urine beta-2 microglobulin levels above 300 mcg/g creatinine

Consult Federal Register Vol. 57, No. 178, Monday, September 14, 1992 for specific details.

Refer to our Technical Bulletin on cadmium for additional information.

Urinary beta-2 microglobulin may be elevated in a variety of diseases. Contact laboratory for a general population reference range.

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PROCEDURE NAME	RESULT	UNITS	REFERENCE RANGE	DET	LIMIT
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EMPLOYEE NOTIFICATION:

BIOLOGICAL MONITORING AND MEDICAL EXAMINATION RESULTS

Employee _____ Testing Date _____

Attached are your laboratory and physical examination results.

Blood cadmium levels are normal if below 5 mcg/g cr.
Urine cadmium levels are normal if below 3 mcg/g cr.
Beta-2-Microglobulin in urine levels are normal if below 300 mcg/g cr.

Your physical examination results are:

_____ NA _____ Satisfactory _____ Unsatisfactory

Your pulmonary function test results are:

_____ NA _____ Satisfactory _____ Unsatisfactory

Your next scheduled visit for:

_____ Biological Monitoring or _____ medical examination will be in the month of _____ 19____. We will send your appointment notice near that date.

Date: _____ Physician's Signature: _____

I have been given a copy of my test results, been given the opportunity to ask questions and discuss it, and then counseled about the risks of exposure to cadmium.

Date: _____ Employee's Signature: _____