Patient Information	Specimen Information	Client Information
DOB: **AGE:** Gender: Fasting: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
TSH	4.26		0.40-4.50 mIU/L	
T4, FREE	1.1		0.8-1.8 ng/dL	
IGF 1, LC/MS	91		52-328 ng/mL	
Z SCORE (MALE)	-0.9		-2.0 - +2.0 SD	

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

DHEA SULFATE	279		70-495 mcg/dL	

DHEA-S values fall with advancing age.
For reference, the reference intervals for 31-40 year old patients are:

Male: 106-464 mcg/dL
Female: 23-266 mcg/dL

FSH	6.9		1.6-8.0 mIU/mL	
INSULIN	5.5		2.0-19.6 uIU/mL	

This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine).

LH	2.4		1.5-9.3 mIU/mL	
ESTRADIOL	28		< OR = 39 pg/mL	

Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289).

Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.

PSA, TOTAL	2.4		< OR = 4.0 ng/mL	

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman

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Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS			
TESTOSTERONE, TOTAL, MS	282		250-1100 ng/dL
TESTOSTERONE, FREE	56.8		35.0-155.0 pg/mL

**Data from J Clin Invest 1974:53:819-828 and J Clin Endocrinol Metab 1973;36:1132-1142. Men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less, may benefit from testosterone treatment after adequate risk and benefits counseling.

For additional information, please refer to http://education.questdiagnostics.com/faq/FAQ165 (This link is being provided for informational/ educational purposes only.)

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PERFORMING SITE: