Patient Information	Specimen Information	Client Information

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
HS CRP	0.3		mg/L	KS

Reference Range
Optimal <1.0
Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87.

For ages >17 Years:

hs-CRP mg/L	Risk According to AHA/CDC Guidelines
<1.0	Lower relative cardiovascular risk.
1.0-3.0	Average relative cardiovascular risk.
3.1-10.0	Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.
>10.0	Persistent elevation, upon retesting, may be associated with infection and inflammation.

HOMOCYSTEINE		**10.6 H**	<10.4 umol/L	KS

Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.
Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.

HEMOGLOBIN A1c	5.2		<5.7 % of total Hgb	KS

For the purpose of screening for the presence of diabetes:

<5.7%	Consistent with the absence of diabetes
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)
> or =6.5%	Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).

PERFORMING SITE:

KS QUEST DIAGNOSTICS LENEXA, 10101 RENNER BLVD, LENEXA, KS 66219-9752 Laboratory Director: JASON S.HUDSON,PHD, CLIA: 17D0648226