

Patient Information	Specimen Information	Client Information

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
VLDL CHOLESTEROL TRIGLYCERIDES	51		<150 mg/dL	TP
VLDL-CALCULATION				TP
CHOLESTEROL, VERY LOW DENSITY LIPOPROTEIN	11		<30 mg/dL (calc)	
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		211 H	<200 mg/dL	TP
HDL CHOLESTEROL	80		> OR = 50 mg/dL	TP
TRIGLYCERIDES	51		<150 mg/dL	TP
LDL-CHOLESTEROL		117 H	mg/dL (calc)	TP

Reference range: <100

Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

CHOL/HDL-C RATIO	2.6		<5.0 (calc)	TP
NON HDL CHOLESTEROL		131 H	<130 mg/dL (calc)	TP

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

HEMOGLOBIN A1c	5.1		<5.7 % of total Hgb	TP
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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:

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